

**Reporting Title:** THSD7A Ab, S**Performing Location:** Rochester**Specimen Requirements:**

Supplies: Sarstedt 5 mL Aliquot Tube (T914)

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container: Plastic vial

Specimen Volume: 1 mL

Collection Information: Centrifuge and aliquot serum into plastic vial within 2 hours of collection.

**Specimen Minimum Volume:**

0.5 mL

**Forms:**

If not ordering electronically, complete, print, and send a Renal Diagnostics Test Request (T830) with the specimen.

| Specimen Type | Temperature              | Time    | Special Container |
|---------------|--------------------------|---------|-------------------|
| Serum         | Refrigerated (preferred) | 14 days |                   |
|               | Frozen                   | 14 days |                   |
|               | Ambient                  | 8 hours |                   |

**Result Codes:**

| Result ID | Reporting Name | Type         | Unit | LOINC®  |
|-----------|----------------|--------------|------|---------|
| THSD7     | THSD7A Ab, S   | Alphanumeric |      | 93339-0 |

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86255

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**Reference Values:**

Negative