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**Reporting Title:** Prim Membranous Nephropathy Diag, S  
**Performing Location:** Rochester**Specimen Requirements:**

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)  
Collection Container/Tube:  
Preferred: Serum gel  
Acceptable: Red top  
Submission Container/Tube: Plastic vial  
Specimen Volume: 1 mL  
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

**Specimen Minimum Volume:**

1 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®
EURO	Phospholipase A2 Receptor, ELISA, S Also used by tests: EURO	Numeric	RU/mL	73737-9

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**Components:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
EURO	Phospholipase A2 Receptor, ELISA, S			Yes	Yes (Order PLA2M)

**CPT Code Information:**

83520  
86255 (x1 or x2, if applicable)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
PLA2I	PLA2R, Immunofluorescence, S			No	Yes
THSD7	THSD7A Ab, S			No	Yes

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
PLA2I	PLA2I	PLA2R, Immunofluorescence, S	Alphanumeric		82991-1
THSD7	THSD7	THSD7A Ab, S	Alphanumeric		93339-0

**Reference Values:****ANTI-PHOSPHOLIPASE A2 RECEPTOR (PLA2R) ENZYME-LINKED IMMUNOSORBENT ASSAY:**

<14 RU/mL: Negative  
14 to 19 RU/mL: Borderline  
> or =20 RU/mL: Positive

**PLA2R IMMUNOFLUORESCENCE:**

Negative

**THROMBOSPONDIN TYPE-1 DOMAIN-CONTAINING 7A ANTIBODIES:**

Negative