

Reporting Title: Fibroblast Growth Factor-23, ISH **Performing Location:** Rochester

Additional Testing Requirements:

If additional interpretation or analysis is needed, request PATHC / Pathology Consultation along with this test.

Shipping Instructions:

Attach the green pathology address label included in the kit to the outside of the transport container.

Necessary Information:

A pathology/diagnostic report and a brief history are required.

Specimen Requirements:

Supplies: Pathology Packaging Kit (T554) Specimen Type: Formalin-fixed, paraffin-embedded tissue block Specimen Volume: Entire block

Specimen Type: Tissue slides Slides: 5 Unstained glass, positively charged slides with 5 (+ or -1)-microns formalin-fixed, paraffin-embedded tissue

| Specimen Type | Temperature | Time | Special Container |
|---------------|---------------------|------|-------------------|
| Special | Ambient (preferred) | | |
| | Refrigerated | | |

Result Codes:

| Result ID | Reporting Name | Туре | Unit | LOINC® |
|-----------|------------------------------------|--------------|------|--------------------|
| 620250 | Interpretation | Alphanumeric | | 50595-8 |
| 620251 | Participated in the Interpretation | Alphanumeric | | No LOINC Needed |
| 620252 | Report electronically signed by | Alphanumeric | | 19139-5 |
| 620253 | Material Received | Alphanumeric | | 81178-6 |
| 620254 | Disclaimer | Alphanumeric | | 62364-5 |
| 620255 | Case Number | Alphanumeric | | 80398-1 |

LOINC and CPT codes are provided by the performing laboratory.



Supplemental Report:

No

CPT Code Information:

88365-Primary