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**Reporting Title:** Renal Pathology Tissue Consult, MCF**Performing Location:** Jacksonville**Ordering Guidance:**

This test is for a renal wet tissue consultation only. For a renal consultation on paraffin embedded tissue and slides, order PATHC / Pathology Consultation which is performed at Mayo Clinic Laboratories-Rochester.

**Shipping Instructions:**

1. Advise shipping specimens in Styrofoam transportation coolers to avoid extreme hot or cold temperatures to ensure specimens are received at required specimen stability temperature.
2. Attach the pathology address label included in the kit to the outside of the transport container.

**Necessary Information:**

The following information is required:

1. All requisitions must be labeled with:
  - Patient name, date of birth, and medical record number
  - Name and phone number of the referring pathologist or ordering physician
  - Anatomic site and collection date
2. All specimens must be labeled with:
  - Two patient identifiers (first and last name, date of birth, or medical record number)
  - Specimen type and anatomic site
3. A brief patient history is essential to achieve a consultation fully relevant to the ordering physician's needs.

All requisition and supporting information must be submitted in English.

**Specimen Requirements:**

Specimen Type: Tissue

Supplies: Renal Biopsy Kit (T231)

Source: Kidney

Specimen Volume: Entire specimen

Collection Instructions: Collect specimens according to the instructions in Renal Biopsy Procedure for Handling Tissue for Light Microscopy, Immunofluorescent Histology, and Electron Microscopy.

Additional Information:

Rush (same day as receipt) interpretation is available on Saturday and holidays for clinically emergent cases (eg, acute kidney failure, rapidly progressive glomerulonephritis, acute kidney allograft dysfunction) but requires advanced notification and approval by a Mayo Clinic Renal Pathologist 904-956-3318.

To request RUSH service outside regular business hours, call 800-533-1710.

**Specimen Minimum Volume:**

See Specimen Required

**Forms:**

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

Specimen Type	Temperature	Time	Special Container
Kidney Biopsy	Ambient (preferred)		
	Refrigerated		

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
620416	Interpretation	Alphanumeric		59465-5
620417	Participated in the Interpretation	Alphanumeric		No LOINC Needed
620418	Report electronically signed by	Alphanumeric		19139-5
620419	Addendum	Alphanumeric		35265-8
620420	Gross Description	Alphanumeric		22634-0
620421	Material Received	Alphanumeric		22633-2
620422	Disclaimer	Alphanumeric		62364-5
620423	Case Number	Alphanumeric		80398-1

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

88305 (If appropriate)  
88348 (If appropriate)  
88313 (If appropriate)  
88346 (If appropriate)  
88350 (If appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
LV4RP	Level 4 Gross and Microscopic, RB			No	No (Bill Only)
SS2PC	SpecStain, Grp II, other			No	No (Bill Only)
IFPCI	IF Initial			No	No (Bill Only)
IHPCI	IHC Initial			No	No (Bill Only)
IFPCA	IF Additional			No	No (Bill Only)
EMR	EM, Renal Biopsy			No	No (Bill Only)

**Reference Values:**

Results of the consultation are reported in a formal pathology report, which may include a description of ancillary test results (if applicable) and an interpretive comment.