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**Reporting Title:** Renal Pathology**Performing Location:** Rochester**Ordering Guidance:**

This test is for a renal wet tissue consultation only. For a consultation on paraffin embedded renal tissue and slides, order PATHC / Pathology Consultation.

**Shipping Instructions:**

1. Advise shipping specimens in Styrofoam transportation coolers to avoid extreme hot or cold temperatures and to ensure specimens are received at required specimen transport (stability) temperature.
2. Attach the green "Attention Pathology" address label (T498) to the outside of the transport container before putting into the courier mailer.

**Necessary Information:**

All requisition and supporting information must be submitted in English.

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 nephrologist/pathologist or ordering provider
  - Anatomic site and collection date
2. A brief patient history is essential to achieve a consultation fully relevant to the ordering provider's needs.
3. Additional information needed:
  - Recent nephrology consultation notes
  - History and physical progress notes
  - Recent laboratory test results, including serologies (eg, renal/kidney function panel, antinuclear antibodies, anti-glomerular basement membrane antibodies, C3/C4, serum or urine protein electrophoresis, serum albumin, hepatitis/HIV screen, urinalysis)

**Specimen Requirements:**

Specimen Type: Kidney biopsy

Supplies: Renal Biopsy Kit (T231)

Specimen Volume: Entire specimen

Collection Instructions: Collect and prepare biopsy specimens per instructions in Renal Biopsy Procedure for Handling Tissue for Light Microscopy, Immunofluorescent Histology, and Electron Microscopy.

Additional Information: On Saturdays and holidays, RUSH (same day as receipt) interpretation is available 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 (507-284-5677).

To request RUSH service outside of regular business hours, contact Mayo Clinic Laboratories at 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®
71219	Interpretation	Alphanumeric		60570-9
71220	Participated in the Interpretation	Alphanumeric		No LOINC Needed
71221	Report electronically signed by	Alphanumeric		19139-5
71222	Addendum	Alphanumeric		35265-8
71223	Gross Description	Alphanumeric		22634-0
71224	Material Received	Alphanumeric		85298-8
71615	Disclaimer	Alphanumeric		62364-5
71846	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
EMR	EM, Renal Biopsy			No	No (Bill Only)
IFPCA	IF Additional			No	No (Bill Only)
IFPCI	IF Initial			No	No (Bill Only)
LV4RP	Level 4 Gross and Microscopic, RB			No	No (Bill Only)
SS2PC	SpecStain, Grp II, other			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.