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**Reporting Title:** Muscle Path Consult**Performing Location:** Rochester**Ordering Guidance:**

This test is not appropriate for inhalation-transmission diseases such as tuberculosis, Brucella, measles, and varicella zoster. This test is also not appropriate for suspected Creutzfeldt-Jacobs Disease (CJD).

**Additional Testing Requirements:**

Muscle biopsies from different anatomic sites require separate orders and separate specimen vials.

**Shipping Instructions:**

Transport specimen per instructions in Muscle Biopsy Specimen Preparation.

**Necessary Information:**

All requisition and supporting information must be submitted in English.

Each of the following items 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 provider
  - Anatomic site and collection date
2. Muscle Histochemistry Patient Information (T361)

**Specimen Requirements:**

Preferred:

Specimen Type: Frozen muscle biopsy tissue

Supplies: Muscle Biopsy Kit (T541)

Collection Instructions: Prepare and transport specimen per instructions in Muscle Biopsy Specimen Preparation.

Additional Information:

1. All specimens and additional paperwork must be labeled with:
  - Two patient identifiers (first and last name, date of birth, or medical record number)
  - Pathology accession/case number
  - Anatomic site
2. Contact the Mayo Clinic Muscle Laboratory at 800-533-1710 for special problems to maximize benefit of the muscle biopsy.

Acceptable:

Specimen Type: Stained muscle biopsy slides

Collection Instructions:

1. Submit all stains performed on the case.
2. All specimens must be labeled with anatomic site.

**Specimen Minimum Volume:**

1.5 cm biopsy

**Forms:**

Muscle Histochemistry Patient Information (T361) is required.

Specimen Type	Temperature	Time	Special Container
Varies	Frozen (preferred)		
	Ambient		

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
601767	Interpretation	Alphanumeric		59465-5
601769	Participated in the Interpretation	Alphanumeric		No LOINC Needed
601770	Report electronically signed by	Alphanumeric		19139-5
601771	Addendum	Alphanumeric		35265-8
601773	Gross Description	Alphanumeric		22634-0
603614	Material Received			81178-6
601822	Case Number	Alphanumeric		80398-1
601911	Disclaimer	Alphanumeric		62364-5

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

88342 (if appropriate)  
88341 (if appropriate)  
88346 (if appropriate)  
88350 (if appropriate)  
88305 (if appropriate)  
88313 (if appropriate)  
88319 (if appropriate)  
88314 (if appropriate)

88321 (if appropriate)  
88323 (if appropriate)  
88323-26 (if appropriate)  
88325 (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
IHPCI	IHC Initial			No	No (Bill Only)
IHPCA	IHC Additional			No	No (Bill Only)
IFPCI	IF Initial			No	No (Bill Only)
IFPCA	IF Additional			No	No (Bill Only)
SS2PC	SpecStain, Grp II, other			No	No (Bill Only)
SS3PC	SpecStain, Grp III, enzyme			No	No (Bill Only)
HCFPC	SpecStain, frozen			No	No (Bill Only)
COSPC	Consult, Outside Slide			No	No (Bill Only)
CSPPC	Consult, w/Slide Prep			No	No (Bill Only)
CUPPC	Consult, w/USS Prof			No	No (Bill Only)
CRHPC	Consult, w/Comp Rvw of His			No	No (Bill Only)
LV4RP	Level 4 Gross and Microscopic, RB			No	No (Bill Only)

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**Reference Values:**

An interpretive report will be provided.