
Reporting Title: Neuropathology Consult**Performing Location:** Rochester**Shipping Instructions:**

Ship specimen using the Central Nervous System Consult Kit (T633).

Necessary Information:

It is imperative that detailed clinical information and, when possible, operative notes and radiographs accompany the specimen.

Specimen Requirements:

Hematoxylin-and-eosin stained sections are also acceptable, but must be accompanied by paraffin blocks and/or remaining wet tissue.

In cases submitted as part of a research protocol, contact 507-284-3887 for further guidance.

Supplies: Central Nervous System Consult Kit (T633)

Sources: Brain (and spinal cord when indicated)

Container/Tube: Plastic container

Specimen Volume: 1 cm(3) cube

Collection Instructions:

1. Take a small (1 cm[3]) cube of brain from 1 of the frontal lobes (typically, right inferior frontal).
 2. Wrap in aluminum foil and place in plastic container.
 3. Label container with identifying information (ie, patient name, date of birth, autopsy number, and date of collection).
 4. Freeze and store in a -70 degrees C freezer.
 5. Place the remaining brain in 10% formalin if non-Creutzfeldt-Jakob disease (CJD), and 15% formalin for suspected cases of CJD, suspended by a thread under the basilar artery and fixed for 7 to 10 days.
- Additional Information: Upon completion of consultation, the brain tissue will be stored 10 years in the Mayo Clinic Tissue Registry. The Mayo Clinic policy precludes our evaluation of cases under litigation that involve non-Mayo Clinic patients.

Specimen Minimum Volume:

Entire collection

Forms:

The following are available:

-Submitting Non-Protocol Autopsy Brain/Spinal Cord for Examination

OR

-Submitting Brain for Neuropathologic Examination: Cases Suspected of Creutzfeldt-Jakob Disease (CJD)

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

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|------------------------------------|--------------|------|-----------------|
| 71070 | Interpretation | Alphanumeric | | 18743-5 |
| 71071 | Participated in the Interpretation | Alphanumeric | | No LOINC Needed |
| 71072 | Report electronically signed by | Alphanumeric | | 19139-5 |
| 71073 | Addendum | Alphanumeric | | 35265-8 |
| 71074 | Gross Description | Alphanumeric | | 22634-0 |
| 71075 | Material Received | Alphanumeric | | 22633-2 |
| 71589 | Disclaimer | Alphanumeric | | 62364-5 |
| 71795 | Case Number | Alphanumeric | | 80398-1 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
Supplemental**CPT Code Information:**

88037 (if appropriate)
88036 (if appropriate)

Reflex Tests:

| Test ID | Reporting Name | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---------|------------------------|-----------|----------|------------------|----------------------|
| NERPC | Necropsy, regional | | | No | No |
| NESPC | Necropsy, single organ | | | No | No |

Reference Values:

An interpretive report will be provided.