

Overview

Useful For

Diagnosis of thrombospondin type 1 domain-containing 7A (THSD7A)-associated membranous nephropathy

Method Name

Direct Immunofluorescence (DIF)

NY State Available

Yes

Specimen

Specimen Type

Special

Ordering Guidance

If additional interpretation/analysis is needed, request PATHC / Pathology Consultation along with this test and send the corresponding renal pathology light microscopy and immunofluorescence (IF) slides (or IF images on a CD), electron microscopy images (prints or CD), and the pathology report.

Specimen Required

Specimen Type: Kidney tissue

Preferred: 2 Unstained positively charged glass slide (25- x 75- x 1-mm) per test ordered; paraffin sections 3 to 4-microns thick

Acceptable: Formalin-fixed, paraffin-embedded (FFPE) kidney tissue block

Forms

If not ordering electronically, complete, print, and send a [Renal Diagnostics Test Request](#) (T830) with the specimen.

Specimen Minimum Volume

See Specimen Required

Reject Due To

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

Specimen Stability Information

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

	Refrigerated		
--	--------------	--	--

Clinical & Interpretive

Clinical Information

Thrombospondin type 1 domain-containing 7A (THSD7A) is a target antigen in membranous nephropathy (MN) and is detected in approximately 3% to 5% of non-PLA2R-associated MN patients. Differentiating THSD7A-associated MN from PLA2R-associated MN is critical as approximately 20% of patients with THSD7A-associated MN have solid malignancy suggesting that THSD7A-associated MN is more likely to be secondary to malignancy than PLA2R-associated MN.

Interpretation

Staining is interpreted and reported as negative or positive.

Cautions

No significant cautionary statements

Clinical Reference

1. Hoxha E, Beck Jr LH, Wiech T et al: An indirect immunofluorescence method facilitates detection of thrombospondin type 1 domain-containing 7A-specific antibodies in membranous nephropathy. *J Am Soc Nephrol.* 2017;28:520-531
2. Larsen CP, Cossey LN, Bech LH: THSD7A staining of membranous glomerulopathy in clinical practice reveals cases with dual autoantibody positivity. *Mod Pathol.* 2016;29:421-426
3. Sharma SG, Larsen CP: Tissue staining for THSD7A in glomeruli correlates with serum antibodies in primary membranous nephropathy: a clinicopathological study. *Mod Pathol* 2018;31:616-622

Performance

Method Description

Direct immunofluorescence staining on sections of formalin-fixed, paraffin-embedded kidney tissue.(Unpublished Mayo method)

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

1 to 2 days

Specimen Retention Time

Until reported

Performing Laboratory Location

Rochester

Fees & Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

Test Classification

This test was developed, and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

88346-Primary IF

88350-If additional IF

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
THSIF	THSD7A Immunofluorescence	101116-2

Result ID	Test Result Name	Result LOINC® Value
605245	Interpretation	50595-8
606383	Participated in the Interpretation	No LOINC Needed
606384	Report electronically signed by	19139-5
606385	Addendum	35265-8
606386	Gross Description	22634-0
606387	Material Received	22633-2
606388	Disclaimer	62364-5
606389	Case Number	80398-1