
Reporting Title: THSD7A Ab, S**Performing Location** Rochester**Specimen Requirements:****Collection Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Submission Container:** Plastic vial**Specimen Volume:** 1 mL**Collection Information:** Centrifuge within 2 hours. Aliquot and ship in plastic vial.**Forms:**If not ordering electronically, complete, print, and send a [Renal Diagnostics Test Request](#) (T830) with the specimen.

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|---------|-------------------|
| Serum | Refrigerated (preferred) | 14 days | |
| | Frozen | 14 days | |
| | Ambient | 8 hours | |

Supplemental Report:

No

CPT Code Information:

86255

Reference Values:

Negative