

Reporting Title: HLC IgG Kappa Lambda IF

Performing Location: Rochester

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.

Shipping Instructions:

1. Advise shipping specimens in Styrofoam transportation coolers to avoid extreme hot or cold temperatures to ensure specimens are received at required specimen stability temperature.
2. Attach the green pathology address label included in the kit to the outside of the transport container.

Specimen Requirements:

Preferred: Frozen tissue

Supplies: Renal Biopsy Kit (T231)

Specimen Type: Kidney tissue

Container/Tube: Renal Biopsy Kit, Zeus/Michel's

Specimen Volume: Entire specimen

Collection Instructions: Collect specimens according to the instructions in [Renal Biopsy Procedure for Handling Tissue for Light Microscopy \(LM\), Immunofluorescent Histology \(IF\), and Electron Microscopy \(EM\)](#) in Special Instructions.

Additional Information: If standard immunoglobulin and complement immunofluorescence has already been performed, submit the residual frozen tissue (must contain glomeruli) on dry ice.

Acceptable: Tissue slides

Collection Instructions: Submit 2 frozen tissue unstained positively charged glass slides (25- x 75- x 1-mm) per test ordered; sections 4-microns thick. Ship on dry ice.

Forms:

[Renal Biopsy Patient Information](#) in Special Instructions

Specimen Type	Temperature	Time	Special Container
Special	Frozen (preferred)	0 hours	
	Ambient	0 hours	
	Refrigerated	0 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
610389	Interpretation	Alphanumeric		50595-8
610390	Participated in the Interpretation	Alphanumeric		No LOINC Needed
610391	Report electronically signed by	Alphanumeric		19139-5
610392	Addendum	Alphanumeric		35265-8
610393	Gross Description	Alphanumeric		22634-0
610394	Material Received	Alphanumeric		94736-6

610395	Disclaimer	Alphanumeric		62364-5
610396	Case Number	Alphanumeric		80398-1

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88346-Primary IF

88350-If add'l IF

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
IFPCI	IF Initial	1	88346	No	No
IFPCA	IF Additional	1	88350	No	No

Reference Values:

An interpretive report will be provided.