



## Test Definition: PLAIF

Phospholipase A2 Receptor (PLA2R), Renal  
Biopsy

---

**Reporting Title:** PLA2R Immunofluorescence

**Performing Location:** Mayo Clinical Laboratories- Rochester Main Campus

**Ordering Guidance:**

This test will report as negative or positive for autoantibodies to phospholipase A2 receptor.

If additional interpretation/analysis is needed, request PATHC / Pathology Consultation along with this test and send: 1) the corresponding renal pathology light microscopy and immunofluorescence (IF) slides (or IF images on a CD); 2) electron microscopy images (prints or CD); and 3) the pathology report.

**Shipping Instructions:**

1. Advise shipping frozen specimens (unstained slides or tissue block) in Styrofoam transportation coolers filled with dry ice to ensure specimens are received at required specimen stability temperature.
2. Attach the green "Attention Pathology" address label (T498) to the outside of the transport container before putting into the courier mailer.

**Necessary Information:**

**A pathology/diagnostic report is required.**

**Specimen Requirements:**

**Submit only 1 of the following specimens:**

**Preferred:**

**Specimen Type:** Unstained slides (unfixed)

**Source:** Kidney tissue

**Slides:** 2 Slides

**Collection Instructions:** 2 frozen tissue unstained positively charged glass slides (25- x 75- x 1-mm) per test ordered; sections 4-microns thick, **centered on the slide**, and submitted on dry ice.

**Acceptable:**

**Specimen Type:** Unfixed tissue block (O.C.T)

**Source:** Kidney tissue

**Specimen Volume:** Entire specimen

**Collection Instructions:**

1. Embed in O.C.T. compound.
2. Freeze specimen and ship on dry ice.

**Acceptable:**

**Specimen Type:** Wet tissue

**Source:** Kidney tissue

**Supplies:** Renal Biopsy Kit (T231)

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

**Specimen Volume:** Entire specimen

**Collection Instructions:** Collect specimens according to the instructions in [Renal Biopsy Preparation Instructions](#).

**Additional Information:** If standard immunoglobulin and complement immunofluorescence have already been

---

performed, submit the residual frozen tissue (must contain glomeruli) on dry ice.

**Forms:**

- [Renal Biopsy Patient Information](#)
- If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:
  - [Kidney Transplant Test Request](#)
  - [Renal Diagnostics Test Request](#) (T830)

Specimen Type	Temperature	Time	Special Container
Special	Frozen		

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
71225	Interpretation	Alphanumeric		59465-5
71226	Participated in the Interpretation	Alphanumeric		No LOINC Needed
71230	Material Received	Alphanumeric		81178-6
71229	Gross Description	Alphanumeric		22634-0
71227	Report electronically signed by	Alphanumeric		19139-5
71228	Addendum	Alphanumeric		35265-8
71617	Disclaimer	Alphanumeric		62364-5
71847	Case Number	Alphanumeric		80398-1

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

88346-primary IF

**Reference Values:**

An interpretive report will be provided.