

Notification Date: July 15, 2022 Effective Date: August 16, 2022

Primary Membranous Nephropathy Diagnostic Cascade, Serum

Test ID: PMND1

Useful for:

Distinguishing primary from secondary membranous nephropathy using an algorithmic approach

Monitoring patients with membranous nephropathy at very low antibody titers

Screening for anti-phospholipase A2 receptor antibodies

Profile Information:

Test ID	Reporting Name	Available Separately	Always Performed
EURO	Phospholipase A2 Receptor, ELISA, S	Yes (order PLA2M)	Yes

Reflex Tests:

Test ID	Reporting Name	Available Separately	Always Performed
PLA2I	PLA2R, Immunofluorescence, S	Yes	No
THSD7	THSD7A, Ab, S	Yes	No

Testing Algorithm

The phospholipase A2 receptor (PLA2R) enzyme-linked immunosorbent assay (ELISA) is initially performed.

If the PLA2R ELISA result is less than 20, then the PLA2R immunofluorescence testing will be performed at an additional charge.

If the PLA2R immunofluorescence result is negative, thrombospondin type-1 domain-containing 7A (THSD7A) antibody testing will be performed at an additional charge

Methods:

EURO: Enzyme-Linked Immunosorbent Assay (ELISA) PLA2I, THSD7: Indirect Immunofluorescence Assay (IFA)

Reference Values:

ANTI-PHOSPHOLIPASE A2 RECEPTOR (PLA2R) ENZYME-LINKED IMMUNOSORBENT ASSAY: <14 RU/mL: Negative 14 to 19 RU/mL: Borderline > or =20 RU/mL: Positive

PLA2R IMMUNOFLUORESCENCE Negative

THROMBOSPONDIN TYPE-1 DOMAIN-CONTAINING 7A ANTIBODIES Negative

Specimen Requirements:

Preferred:	Serum gel
Acceptable:	Red top
Specimen Volume:	1 mL
Collection Instructions:	Centrifuge and aliquot serum into plastic vial within 2 hours of collection.
Minimum Volume:	1 mL

Specimen Stability Information:

Specimen Type	Temperature	Time
Serum	Refrigerated (preferred)	14 days
	Ambient	8 hours
	Frozen	14 days

Cautions:

This test should not be used as a stand-alone test but an adjunct to other clinical information. A diagnosis of primary or secondary membranous nephropathy (MN) should not be made on a single test result. The clinical symptoms, results on physical examination, and laboratory tests (eg, serological tests), when appropriate, should always be taken into account when considering the diagnosis of primary versus secondary MN.

Absence of circulating anti-phospholipase A2 receptor autoantibodies does not rule out a diagnosis of primary MN.

CPT Code:

83520 86255 x2 (if appropriate)

Day(s) Performed: Monday, Wednesday, Friday

Report Available: 3 to 7 days

Questions

Contact Nancy Benson, Laboratory Technologist Resource Coordinator at 800-533-1710.