Reporting Title: Electron Microscopy
Performing Location: Rochester

Specimen Requirements:

For non-tumor renal specimens, see 4986 Renal Biopsy, Electron Microscopy.

For muscle specimens, see HMAX/5338 Histochemistry of Sent-In Muscle Specimen Maximum.

For CADASIL genetic mutation testing on blood, see referral catalog.

Results will be provided by telephone. If needed, representative images showing diagnostic features will be sent.

Forms:
1. Electron Microscopy Patient Information Sheet in Special Instructions
2. If not ordering electronically, submit a Pathology/Cytology Request Form (Supply T246) with the specimen.

Specimen Type: Fixed wet tissue
Container/Tube: Electron Microscopy Kit (Supply T660) or leak-proof container
Specimen Volume: Entire specimen
Collection Instructions: Collect specimen according to the instructions in Electron Microscopy Procedures of Handling Specimens for Electron Microscopy in Special Instructions.
Additional Information: 5439 Surgical Pathology Consultation may be added if deemed necessary by the reviewing pathologist.

Specimen Type: Whole blood (Neuronal Ceroid Lipofuscinosis-NCL only)
Specimen must arrive within 48 hours of draw.
Container/Tube: Electron Microscopy Kit (Supply T660), green top (sodium heparin), or yellow top (ACD [solution B])
Specimen Volume: 5 mL
Collection Instructions:
1. Collect specimen according to the instructions in Electron Microscopy Procedures of Handling Specimens for Electron Microscopy in Special Instructions.
2. Do not transfer blood to other containers.

Specimen Type	Temperature	Time
Varies	Ambient (preferred)	
	Refrigerated	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
18296	Accession Number			N/A
18297	Referring Pathologist/Physician			46608-6
18298	Ref Path/Phys Address			In Process
18299	Place of Death:			21987-3
18300	Date and Time of Death:			31211-6
18301	Date of Autopsy:			In Process
18302	Specimen:			31208-2
18303	Material:			In Process
18304	Tissue Description:			22634-0
18305	Microscopic Description:			In Process
18306	Clinical History:			In Process
18307	Final Diagnosis:			34574-4
18999	Final Diagnosis:			34574-4
18308	Comment:			48767-8
18309	Revision Description:			In Process
18310	Signing Pathologist:			19139-5
18311	Special Procedure:			N/A
18312	SP Signing Pathologist:			N/A
18313	*Previous Report Follows*			N/A
18314	Addendum:			35265-8
19191	Addendum Comment: **Also used by tests: 82037, 83343, 5468, 5368, 9273, 8041, 82039, 5362, 5439, 5434, 5361, 9230, 4339, 9354, 8032, 80199, LCMS, 83342, 80184**	Alphanumeric		22638-1
18315	Addendum Pathologist:			19139-5

CPT Code: 1 × 88348

Reference Values:

An interpretive report will be provided.