



# Test Definition: SUBIF

Immunoglobulin G (IgG) Subtypes  
Immunofluorescence, Tissue

## Overview

### Useful For

[Determining the subclass of IgG antibody found in renal immunofluorescent panel](#) and determining if the deposits are monoclonal or monotypic

### Special Instructions

- [Renal Biopsy Patient Information](#)
- [Renal Biopsy Preparation Instructions](#)

### Method Name

Direct Immunofluorescence

### NY State Available

Yes

## Specimen

### Specimen Type

Special

### 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 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 Required

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

#### Preferred:

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

**Source:** Kidney tissue

**Slides:** 4 Slides

**Collection Instructions:** 4 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:**

1. Collect specimens according to the instructions in [Renal Biopsy Preparation Instructions](#).
2. If standard immunoglobulin and complement immunofluorescence has already been performed, submit the residual frozen tissue (must contain glomeruli) on dry ice.

**Forms**

1. [Renal Biopsy Patient Information](#)

2. 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)

**Reject Due To**

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Special	Frozen		

**Clinical & Interpretive**

**Clinical Information**

IgG subtypes are helpful in confirming some disease processes affecting the kidney.

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**Reference Values**

An interpretive report will be provided.

**Interpretation**

Staining intensity is graded as negative (0), weak (trace, 1+), moderate (2+) and strong (3+) and will be reported as such when not accompanied by a pathology consultation request.

If additional interpretation or analysis is needed, request PATHC / Pathology Consultation along with this test and provide the corresponding renal pathology light

**Cautions**

No significant cautionary statements

**Clinical Reference**

Hemminger J, Nadasdy G, Satoskar A, Brodsky SV, Nadasdy T. IgG subclass staining in routine renal biopsy material. Am J Surg Pathol. 2016;40(5):617-626

**Performance****Method Description**

Direct immunofluorescence staining on sections of fresh or frozen tissue.(Unpublished Mayo method)

**PDF Report**

No

**Day(s) Performed**

Monday through Friday

**Report Available**

1 to 2 days

**Specimen Retention Time**

Unstained slides: 2 weeks after results are reported; Stained slides: digital images are obtained for all slides used in testing and kept indefinitely; Unfixed tissue blocks: 5 years

**Performing Laboratory Location**

Mayo Clinical Laboratories- Rochester Main Campus

**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

## Test Classification

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

## CPT Code Information

88346-Primary IF

88350-If additional IF

## LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
SUBIF	IGG Subtypes Immunofluorescence	In Process

Result ID	Test Result Name	Result LOINC® Value
BA0271	Interpretation	50595-8
BA0272	Participated in the Interpretation	No LOINC Needed
BA0276	Addendum	35265-8
BA0275	Report electronically signed by	19139-5
71618	Disclaimer	62364-5
71850	Case Number	80398-1
BA0274	Gross Description	22634-0
BA0273	Material Received	22633-2