

**TEST CHANGE**

**Special Stain, Melanin Bleach**

2005966, MEL BL SS

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Tissue or cells.

**Specimen Preparation:** Formalin fix (10 percent neutral buffered formalin is preferred) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 2 unstained (3- to 5-micron thick sections), positively charged slides in a tissue transport kit (ARUP supply #47808). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at ~~(800-)~~522-2787. (Min: ~~2 slides~~1 slide).

**Transport Temperature:** Room temperature or refrigerated. Ship in cooled container during summer months.

**Unacceptable Conditions:** Specimens submitted with ~~nonrepresentative~~~~non-~~~~representative~~ tissue type. Depleted specimens.

**Remarks:** HISTOLOGY SPECIAL STAINS SUBMISSION DETAILS: Submit electronic request. If you do not have electronic ordering capability, use an ARUP Anatomic Pathology Form (#32960) with an ARUP client number. For additional technical details, contact ARUP Client Services at ~~(800-)~~522-2787.

**Stability:** Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

**Methodology:** Special Stain

**Performed:** Mon-Fri

**Reported:** 1-5 days

**Note:** All stains will be handled as Stain and Return unless a consultation is requested. To request a consultation, submit the pathology report, all associated case materials (clinical history, blocks, slides, etc.), and the Anatomic Pathology Requisition Form (#32960).

**CPT Codes:** 88313

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Reference Interval:

Test Number	Components	Reference Interval
-------------	------------	--------------------