

**NEW TEST - Available Now** 

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MyoD1 by Immunohistochemistry

3018057, MYOD1 IHC

| 3018057, MYODI IHC       |  |  |  |  |
|--------------------------|--|--|--|--|
| Specimen Requirements:   |  |  |  |  |
| Patient Preparation:     |  |  |  |  |
| Collect:                 | Tissue or cells.   |  |  |  |
| Specimen Preparation:    | Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), positively charged slides in a Tissue Transport Kit (ARUP supply #47808 highly recommended) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787 (Min: 2 slides). If sending precut slides, do not oven bake. |  |  |  |
| Transport Temperature:   | Room temperature. Also acceptable: Refrigerated. Ship in cooled container during summer months.  |  |  |  |
| Unacceptable Conditions: | Specimens submitted with nonrepresentative tissue type. Depleted specimens.  |  |  |  |
| Remarks:                 | IMMUNOHISTOCHEMISTRY ORDERING AND SUBMISSION DETAILS: Submit electronic request. If you do not have electronic ordering capability, use an ARUP Immunohistochemistry Stain Form (#32978) 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:             | Qualitative Immunohistochemistry (IHC)   |  |  |  |
| Performed:               | Mon-Fri  |  |  |  |
| Reported:                | 1-3 days   |  |  |  |
| Note:                    | This test is performed as a stain and return (technical) service only  |  |  |  |
| CPT Codes:               | 88342  |  |  |  |

Effective Date: October 21, 2024

| New Yo         | rk DOH Approval Status: | This test is New York DOH approved. |                    |  |
|----------------|-------------------------|-------------------------------------|--------------------|--|
| Interpre       | tive Data:              |                                     |                    |  |
| Referen        | ce Interval:            |                                     |                    |  |
| Test<br>Number | Components              |                                     | Reference Interval |  |

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HOTLINE NOTE: Refer to the Hotline Test Mix for interface build information.