

Laboratory Workup of Amyloidosis

Statements and Strengths of Recommendations

Recommendation Statements	Strength of Recommendation
<p>1. In patients with suspected systemic amyloidosis, pathologists may screen cytology specimens (conventional smears and/or cell blocks) of aspirated abdominal fat for detection of amyloid.</p> <p><i>Note:</i> Best preparation methods should be determined and optimized by individual laboratories and ancillary testing technique should be validated on cytologic material.</p> <p><i>Note:</i> If cytologic smears only are prepared in the absence of a cell block, this limits the ability for further testing including subtyping.</p>	Conditional
<p>2. When evaluating specimens for the presence of amyloid, pathologists should use Congo red staining method.</p> <p><i>Note:</i> Laboratories may use other methods but should validate against Congo red or electron microscopy and must show equivalency.</p>	Conditional
<p>3. When assessing Congo red histochemistry, pathologists may add fluorescence microscopy with the tetramethylrhodamine isothiocyanate/Texas red filter to increase sensitivity for amyloid detection, if available.</p>	Conditional
<p>4. In patients with amyloidosis being considered for therapy, to optimize diagnostic yield and tissue utilization, pathologists should use mass spectrometry to identify the fibril protein type.</p> <p><i>Note:</i> In renal amyloidosis, amyloid fibril typing may often be successfully accomplished by immunofluorescence, although reflex to mass spectrometry-based proteomics should be performed in difficult or equivocal cases.</p>	Conditional

Good Practice Statements
<p>5. When specimens are received for detection of systemic amyloidosis, pathologists should evaluate for the presence of amyloid using validated method(s), and the validated method(s) used should be identified in the pathology report.</p>
<p>6. If a clinical concern for amyloidosis persists after a negative biopsy from a surrogate site but potentially affected organ(s) was (were) not sampled, then suggesting biopsy of the potentially affected organ(s) and/or recommending suitable archived specimen(s) to evaluate is appropriate.</p>
<p>7. In patients with amyloidosis being considered for therapy, pathologists should determine the fibril protein type.</p>

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