

CERULOPLASMIN, SERUM
#200017

NOTE: The testing and reporting is equivalent to Rochester test Ceruloplasmin, Serum (8364)

USEFUL FOR: Investigation of patients with possible Wilson's disease

METHODOLOGY: Immunoturbidimetric assay

REFERENCE VALUES:

0 to 18 years: 14.0-41.0 mg/dL

>18 years:

Males: 14.0-21.9 mg/dL

Females: 14.0-47.8 mg/dL

SPECIMEN REQUIREMENTS: Draw blood in a plain, red-top tube(s) or a serum gel tube(s) from a fasting patient (4 hour preferred, nonfasting acceptable). Spin down and send 1 mL of serum frozen in plastic vial.

CAUTIONS:

- Ceruloplasmin levels are affected by infections (ceruloplasmin is a late acute phase reactant) and liver function.
- Birth control pills and pregnancy increase ceruloplasmin levels.
- Ceruloplasmin levels are not always extremely low in patients with Wilson's disease.

LIST FEE: \$80.00

CPT CODE: 82390

ANALYTIC TIME: 1 day

DAY(S) SET UP: Mon – Sat, 1st shift

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager
Mary Erath, Mayo Medical Laboratories' Technologist Support
Telephone: 800-533-1710



MAYO CLINIC
 Mayo Medical Laboratories

TEST DEFINITION

6/30/2009

CODE NAME

 200017 CERULOPLASMIN, S

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
200017	6/15/2009		CERULOPLASMIN, S			NEL
			TRANSPORT TEMP : FROZEN\REFRIG OK\AMBIENT NO			
		200017	CERULOPLASMIN, S			
			UNITS: MG/DL			
			NO SEX			
			NO AGE : 14.0-		; #N8364AA	
			1D TO 18Y : 14.0-41.0		; 14.0-41.0	
			19Y TO 150Y : 14.0-		; #N8364AA	
			MALE			
			NO AGE : 14.0-		; #N8364AA	
			1D TO 18Y : 14.0-41.0		; 14.0-41.0	
			19Y TO 150Y : 14.0-21.9		; 14.0-21.9	
			FEMALE			
			NO AGE : 14.0-		; #N8364AA	
			1D TO 18Y : 14.0-41.0		; 14.0-41.0	
			19Y TO 150Y : 14.0-47.8		; 14.0-47.8	

*PERFORMING SITE LEGEND

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NEL    MAYO MEDICAL LABORATORIES NEW ENGLAND    LAB DIRECTOR:  LYNN A. CHERYK, PH.D.
        160 DASCOMB ROAD
        ANDOVER, MA 01810
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LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, LAURA IS		PATIENT NUMBER		AGE 30	SEX F	ACCESSION # G9130455
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 06/30/09 12:16 P	RECEIVED 06/30/09 12:16 P	REPORT PRINTED 06/30/09 01:19 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE	TIME	DATE	TIME			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
Ceruloplasmin, S Ceruloplasmin, S	40.0	14.0-47.8	NEL

* PERFORMING SITE

NEL	Mayo Medical Laboratories New England 160 Dascomb Road Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
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PATIENT NAME TESTING, LAURA IS	ORDER STATUS Final	COLLECTION DATE AND TIME 06/30/09 12:16 P
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Specimen receipt and report times are in CST/CDT

REPRINT

Page 1 of 1