

AB TO EXTRACTABLE NUCLEAR AG EVAL, SERUM

#200047

NOTE: The testing and reporting is equivalent to Rochester test Ab to Extractable Nuclear Ag Eval, S (89035)

Profile Information:

Unit Code	Reporting Name	Available Separately	Always Performed
200089	SS-A/Ro Ab, IgG, S	Yes	Yes
200090	SS-B/La Ab, IgG, S	Yes	Yes
200091	Sm Ab, IgG, S	Yes	Yes
200092	RNP Ab, IgG, S	Yes	Yes
200093	Scl 70 Ab, IgG, S	Yes	Yes
200094	Jo 1 Ab, IgG, S	Yes	Yes

USEFUL FOR: See individual unit codes

METHODOLOGY: Multiplex Flow Immunoassay

REFERENCE VALUES:

SS-A/Ro ANTIBODIES, IgG
 <1.0 U (negative)
 > or =1.0 U (positive)

RNP ANTIBODIES, IgG
 <1.0 U (negative)
 > or =1.0 U (positive)

SS-B/La ANTIBODIES, IgG
 <1.0 U (negative)
 > or =1.0 U (positive)

Scl 70 ANTIBODIES, IgG
 <1.0 U (negative)
 > or =1.0 U (positive)

Sm ANTIBODIES, IgG
 <1.0 U (negative)
 > or =1.0 U (positive)

Jo 1 ANTIBODIES, IgG
 <1.0 U (negative)
 > or =1.0 U (positive)

NOTE: Reference values apply to all ages.

SPECIMEN REQUIREMENTS: Draw blood in a plain, red-top tube(s) or a serum gel tube(s). Spin down and send 0.5 mL of serum refrigerated.

CAUTIONS: See individual unit codes

LIST FEE: \$ 157.50

CPT CODE: 86235/x6

ANALYTIC TIME: 1 day

DAY(S) SET UP: Monday through Friday, 1st shift

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



TEST DEFINITION

5/1/2009

Code Name

 200047 Ab to Extractable Nuclear Ag Eval, S

**** End of Name to order code Report ****

MML MML Test setup information

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
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200047(profile)			Ab to Extractable Nuclear Ag Eval, S			
200089	4/27/2009		SS-A/Ro Ab, IgG, S			NEL
			Transport temp : Refrig\Frozen OK\Ambient OK			
			200089 SS-A/Ro Ab, IgG, S			
			Units: U			
			NO SEX			
			All Ages : 0.0-0.9		; #N200047	
			MALE			
			All Ages : 0.0-0.9		; #N200047	
			FEMALE			
			All Ages : 0.0-0.9		; #N200047	
			- - - - -			
200090	4/27/2009		SS-B/La Ab, IgG, S			NEL
			Transport temp : Refrig\Frozen OK\Ambient OK			
			200090 SS-B/La Ab, IgG, S			
			Units: U			
			NO SEX			
			All Ages : 0.0-0.9		; #N200047	
			MALE			
			All Ages : 0.0-0.9		; #N200047	
			FEMALE			
			All Ages : 0.0-0.9		; #N200047	
			- - - - -			
200091	4/27/2009		Sm Ab, IgG, S			NEL
			Transport temp : Refrig\Frozen OK\Ambient OK			
			200091 Sm Ab, IgG, S			
			Units: U			

(continued next page)

MML MML Test setup information

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
200047	(continued)					
		200091	Sm Ab, IgG, S	(continued)		
			NO SEX			
			All Ages : 0.0-0.9		; #N200047	
			MALE			
			All Ages : 0.0-0.9		; #N200047	
			FEMALE			
			All Ages : 0.0-0.9		; #N200047	
		- - - - -				
200092	4/27/2009		RNP Ab, IgG, S			NEL
			Transport temp : Refrig\Frozen OK\Ambient OK			
		200092	RNP Ab, IgG, S			
			Units: U			
			NO SEX			
			All Ages : 0.0-0.9		; #N200047	
			MALE			
			All Ages : 0.0-0.9		; #N200047	
			FEMALE			
			All Ages : 0.0-0.9		; #N200047	
		- - - - -				
200093	4/27/2009		Scl 70 Ab, IgG, S			NEL
			Transport temp : Refrig\Frozen OK\Ambient OK			
		200093	Scl 70 Ab, IgG, S			
			Units: U			
			NO SEX			
			All Ages : 0.0-0.9		; #N200047	
			MALE			
			All Ages : 0.0-0.9		; #N200047	
			FEMALE			
			All Ages : 0.0-0.9		; #N200047	
		- - - - -				
200094	4/27/2009		Jo 1 Ab, IgG, S			NEL
			Transport temp : Refrig\Frozen OK\Ambient OK			
		200094	Jo 1 Ab, IgG, S			
			Units: U			
			NO SEX			
			All Ages : 0.0-0.9		; #N200047	
			MALE			
			All Ages : 0.0-0.9		; #N200047	
			FEMALE			
			All Ages : 0.0-0.9		; #N200047	
		- - - - -				



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Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TEST, AILEEN		PATIENT NUMBER		AGE 44	SEX F	ACCESSION # G9123695
ORDERING PHYSICIAN		CLIENT ORDER #			ACCOUNT # JAHTEST	
COLLECTION 04/10/09	RECEIVED	REPORT PRINTED 04/30/09 03:33 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE	TIME	DATE	TIME			
JAH Test Client Attn: Please throw away 200 1st Street SW Rochester, MN 55905-0001						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM	SITE *
SS-A/Ro Ab, IgG, S					
SS-A/Ro Ab, IgG, S	H	5.0		U	NEL
-- EXPECTED VALUES --					
<1.0 (Negative)					
> or =1.0 (Positive)					
SS-B/La Ab, IgG, S					
SS-B/La Ab, IgG, S	H	5.0		U	NEL
-- EXPECTED VALUES --					
<1.0 (Negative)					
> or =1.0 (Positive)					
Sm Ab, IgG, S					
Sm Ab, IgG, S	H	5.0		U	NEL
-- EXPECTED VALUES --					
<1.0 (Negative)					
> or =1.0 (Positive)					
RNP Ab, IgG, S					
RNP Ab, IgG, S	H	5.0		U	NEL
-- EXPECTED VALUES --					
<1.0 (Negative)					
> or =1.0 (Positive)					
Sc170 Ab, IgG, S					
Sc170 Ab, IgG, S	H	5.0		U	NEL
-- EXPECTED VALUES --					
<1.0 (Negative)					
> or =1.0 (Positive)					
Jo 1 Ab, IgG, S					
Jo 1 Ab, IgG, S	H	5.0		U	NEL
-- EXPECTED VALUES --					
<1.0 (Negative)					
> or =1.0 (Positive)					

* Perform Site Legend on last page of report

PATIENT NAME TEST, AILEEN	ORDER STATUS Final	COLLECTION DATE AND TIME 04/10/09
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LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TEST, AILEEN		PATIENT NUMBER		AGE 44	SEX F	ACCESSION # G9123695
ORDERING PHYSICIAN		CLIENT ORDER #			ACCOUNT # JAHTEST	
COLLECTION 04/10/09	RECEIVED	REPORT PRINTED 04/30/09 03:33 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME	DATE TIME			
JAH Test Client Attn: Please throw away 200 1st Street SW Rochester, MN 55905-0001						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
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* 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 TEST, AILEEN	ORDER STATUS Final	COLLECTION DATE AND TIME 04/10/09
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Specimen receipt and report times are in CST/CDT

REPRINT

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