

RIBOSOME P AB, IGG, SERUM
#200071

NOTE: The testing and reporting is equivalent to Rochester test Ribosome P Ab, IgG, Serum (87837)

USEFUL FOR:

- As an adjunct in the evaluation of patients with lupus erythematosus (LE)
- As an aid in the differential diagnosis of neuropsychiatric symptoms in patients with LE

METHODOLOGY: Multiplex Flow Immunoassay

REFERENCE VALUES:

<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:

- Most patients with LE do not have detectable levels of antibodies to ribosome P protein.
- This test should not be relied upon to establish the diagnosis or to rule out the diagnosis in a patient with signs and symptoms compatible with LE.

LIST FEE: \$ 114.00

CPT CODE: 83520

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
200071	Ribosome P Ab, IgG, 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 *
200071	4/27/2009		Ribosome P Ab, IgG, S			NEL
			Transport temp : Refrig\Frozen OK\Ambient NO			
			200071	Ribosome P 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	

*Performing Site Legend

```

=====
==
NEL      Mayo Medical Laboratories New England      LAB DIRECTOR:  Lynn A. Cheryk, Ph.D.
          160 Dascomb Road
          Andover, MA 01810
=====
==

```

*** End of Report ***

MML

Messages used as normals

CODE	TEXT
N200047	<1.0 (Negative) > or =1.0 (Positive)

Total of 1 normals codes

*** End of Report ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, K		PATIENT NUMBER		AGE 30	SEX F	ACCESSION # G9124353
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 04/17/09 07:59 A	RECEIVED 04/17/09 07:59 A	REPORT PRINTED 04/30/09 03:36 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	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 *
Ribosome P Ab, IgG, S			
Ribosome P Ab, IgG, S	<0.2	U	NEL
-- EXPECTED VALUES --			
<1.0 (Negative)			
> or =1.0 (Positive)			

* PERFORMING SITE

NEL	Mayo Medical Laboratories New England 160 Dascomb Road Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
-----	---	-------------------------------------

PATIENT NAME TESTING, K	ORDER STATUS Final	COLLECTION DATE AND TIME 04/17/09 07:59 A
----------------------------	-----------------------	--

Specimen receipt and report times are in CST/CDT

REPRINT

Page 1 of 1