

SSA/SSB
#200072

NOTE: The testing and reporting is equivalent to Rochester test SSA/SSB (82403)

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 |

USEFUL FOR: Evaluating patients with signs and symptoms of a connective tissue disease in whom the test for antinuclear antibodies (ANA) is positive, especially those with signs and symptoms consistent with Sjogren's syndrome or LE.

METHODOLOGY: Multiplex Flow Immunoassay

REFERENCE VALUES:

SS-A/Ro 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)

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: Testing for SS-A/Ro and SS-B/La antibodies is not useful in patients without demonstrable ANA.

LIST FEE: \$ 209.80

CPT CODE: 86235/x2

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

200072 SSA/SSB

**** 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 * |
|-----------------|-----------|----|--|------------------|-------------------------|----------------|
| 200072(profile) | | | SSA/SSB | | | |
| 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 | |

MML

MML Test setup information



LABORATORY SERVICE REPORT

1-800-533-1710

| | | | | | | |
|---|----------|------------------------------------|------|--|----------------------|-------------------------|
| PATIENT NAME TEST, AILEEN | | PATIENT NUMBER | | AGE 44 | SEX F | ACCESSION # G9123696 |
| ORDERING PHYSICIAN | | CLIENT ORDER # | | | ACCOUNT # JAHTEST | |
| COLLECTION 04/10/09 | RECEIVED | REPORT PRINTED 04/30/09 04:10 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 | 2.0 | | U |
| -- EXPECTED VALUES -- | | | | |
| <1.0 (Negative) | | | | |
| > or =1.0 (Positive) | | | | |
| SS-B/La Ab, IgG, S | | | | |
| SS-B/La Ab, IgG, S | H | 2.0 | | U |
| -- 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. |
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|------------------------------|-----------------------|--------------------------------------|
| PATIENT NAME TEST, AILEEN | ORDER STATUS Final | COLLECTION DATE AND TIME 04/10/09 |
|------------------------------|-----------------------|--------------------------------------|