

SS-B/LA AB, IGG, SERUM
#200090

NOTE: The testing and reporting is equivalent to Rochester test SS-B/La Ab, IgG, Serum (81359)

USEFUL FOR: Evaluating patients with signs and symptoms of a connective tissue disease in whom the test for antinuclear antibodies (ANA) is positive.

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

LIST FEE: \$ 110.10

CPT CODE: 86235

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



MAYO CLINIC
 Mayo Medical Laboratories

TEST DEFINITION

5/1/2009

Code Name

 200090 SS-B/La 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 *
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	

*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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*** 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 36	SEX M	ACCESSION # G9124367
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 04/17/09 08:45 A	RECEIVED 04/17/09 08:45 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 *
SS-B/La Ab, IgG, S			
SS-B/La Ab, IgG, S	H 1.0		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.
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PATIENT NAME TESTING, K	ORDER STATUS Final	COLLECTION DATE AND TIME 04/17/09 08:45 A
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Specimen receipt and report times are in CST/CDT

REPRINT

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