

**SM AB, IGG, SERUM**  
**#200091**

**NOTE:** The testing and reporting is equivalent to Rochester test Sm Ab, IgG, Serum (81358)

**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 Sm 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, 1<sup>st</sup> 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  
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200091 Sm 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 *
200091	4/27/2009		Sm Ab, IgG, S			NEL
			Transport temp : Refrig\Frozen OK\Ambient OK			
			200091 Sm 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 \*\*\*

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 25	SEX M	ACCESSION # G9124366
ORDERING PHYSICIAN		CLIENT ORDER #			ACCOUNT # LIAISONS	
COLLECTION 04/17/09 08:44 A	RECEIVED 04/17/09 08:44 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 *
Sm Ab, IgG, S			
Sm Ab, IgG, S	0.9		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 TESTING, K	ORDER STATUS Final	COLLECTION DATE AND TIME 04/17/09 08:44 A
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