

JO 1 AB, IGG, SERUM
#200094

NOTE: The testing and reporting is equivalent to Rochester test Jo 1 Ab, IgG, Serum (80179)

USEFUL FOR: Evaluating patients with signs and symptoms compatible with a connective tissue disease, especially those patients with muscle pain and limb weakness, concomitant pulmonary signs and symptoms, Raynaud's phenomenon, and arthritis

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 antibodies to Jo 1 is not useful in patients with a negative test for antinuclear antibodies (ANA).
- A negative test for Jo 1 antibodies does not exclude the diagnosis of polymyositis or dermatomyositis.

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

MML Name/order code cross-reference

Code Name

 200094 Jo 1 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 *
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	

*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 30	SEX F	ACCESSION # G9124363
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 04/17/09 08:41 A	RECEIVED 04/17/09 08:41 A	REPORT PRINTED 04/30/09 04:03 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 *
Jo 1 Ab, IgG, S			
Jo 1 Ab, IgG, S	0.9		U
-- EXPECTED VALUES --			NEL
<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 08:41 A
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Specimen receipt and report times are in CST/CDT

REPRINT

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