

CALCITONIN, S
#200104

NOTE: The testing and reporting is equivalent to Rochester test Calcitonin, Serum (9160)

USEFUL FOR:

- Diagnosis and follow-up of medullary thyroid carcinoma.
- Adjunct to diagnosis of multiple endocrine neoplasia type II and familial medullary thyroid carcinoma.
- Occasionally useful in the diagnosis and follow-up of islet cell tumors.

METHODOLOGY: Automated Immunochemiluminometric Assay (ICMA)

REFERENCE VALUES:**BASAL**

Males: <16 pg/mL

Females: <8 pg/mL

PEAK CALCIUM INFUSION

Males: < or =130 pg/mL

Females: < or =90 pg/mL

SPECIMEN REQUIREMENTS: Draw blood in a plain, red-top tube(s). Spin down and send 0.8 mL of serum frozen in plastic vial.

CAUTIONS:

- This test is not useful for evaluating calcium metabolic diseases.
- Falsely elevated values may occur in serum from patients who have developed human antimouse antibodies (HAMA) or heterophilic antibodies.

LIST FEE: \$ 196.10

CPT CODE: 82308

ANALYTIC TIME: 1 day

DAY(S) SET UP: Monday through Friday, Sunday
3rd 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

 200104 Calcitonin, 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 * |
|------------|-----------|----|---|------------------|-------------------------|----------------|
| 200104 | 4/22/2009 | | Calcitonin, S | | | NEL |
| | | | Transport temp : Frozen\Refrig <4 hours OK\Ambient NO | | | |
| | | | 200104 Calcitonin, S | | | |
| | | | Possible result values include : <3.0,<10,<15,<5 | | | |
| | | | Units: pg/mL | | | |
| | | | NO SEX | | | |
| | | | All Ages : | | ; #N9160N | |
| | | | MALE | | | |
| | | | All Ages : | | ; #N9160M150Y | |
| | | | FEMALE | | | |
| | | | All Ages : | | ; #N9160F150Y | |

*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 |
|------------|--|
| ----- | ----- |
| N9160F150Y | Basal: <8 Peak Calcium Infusion: <=90 |
| ----- | |
| N9160M150Y | Basal: <16 Peak Calcium Infusion: <=130 |
| ----- | |
| N9160N | Males: Basal:<16 Peak Calcium Infusion:<=130 Females: Basal:<8 Peak Calcium Infusion:<=90 |
| ----- | |

Total of 3 normals codes

*** End of Report ***



LABORATORY SERVICE REPORT

1-800-533-1710

| | | | | | | |
|--|------------------------------|------------------------------------|----------------|--|-----------------------|-------------------------|
| PATIENT NAME TESTING, 200104 | | PATIENT NUMBER | | AGE 26 | SEX M | ACCESSION # G9125512 |
| ORDERING PHYSICIAN | | CLIENT ORDER # | | | ACCOUNT # LIAISONS | |
| COLLECTION 04/28/09 03:19 P | RECEIVED 04/28/09 03:19 P | REPORT PRINTED 04/30/09 03:38 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 * |
|------------------------------|----------|-----------|----------------|
| Calcitonin, S | | | |
| Calcitonin, S | 14 | pg/mL | NEL |
| -- EXPECTED VALUES -- | | | |
| Basal: <16 | | | |
| Peak Calcium Infusion: <=130 | | | |

* 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, 200104 | ORDER STATUS Final | COLLECTION DATE AND TIME 04/28/09 03:19 P |
|---------------------------------|-----------------------|--|