

REFERENCE VALUE

CHANGE

MML NEW ENGLAND

NOTIFICATION DATE: July 28, 2009

EFFECTIVE DATE: August 18, 2009

GLUCOSE, RANDOM
#460078

EXPLANATION: Effective August 18th, 2009, updated reference values will be implemented for random blood glucose levels in patients ≥ 1 year old. In addition, a reporting name change will specify serum as this will be the only acceptable sample type. No other changes to this assay will occur at this time.

CURRENT REFERENCE VALUES:

0-11 months: not established

> or = 1 yr: 70-100 mg/dL

NEW REFERENCE VALUES:

0-11 months: not established

> or = 1 yr: 70-140 mg/dL

CURRENT REPORTING NAME:

Glucose, Random

NEW REPORTING NAME:

Glucose, Random, S

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

7/28/2009

MML NAME/ORDER CODE CROSS-REFERENCE
 CODE NAME

 460078 GLUCOSE, RANDOM, S

MML MML TEST SETUP INFORMATION

| ORDER CODE | EFF DATE | TC | TITLE | CHECKING NORMALS | PRINT NORMALS (# CODED) | PERFORM SITE * |
|------------|-----------|--------|--|------------------|-------------------------|----------------|
| 460078 | 7/27/2009 | | GLUCOSE, RANDOM, S | | | NEL |
| | | | TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT OK | | | |
| | | 460078 | GLUCOSE, RANDOM, S | | | |
| | | | UNITS: MG/DL | | | |
| | | | NO SEX | | | |
| | | | No AGE : | | | |
| | | | 1D TO 6D : | | | |
| | | | 7D TO 11M : | | | |
| | | | 12M TO 150Y : 70-140 | | | |
| | | | MALE | | | |
| | | | No AGE : | | | |
| | | | 1D TO 6D : | | | |
| | | | 7D TO 11M : | | | |
| | | | 12M TO 150Y : 70-140 | | | |
| | | | FEMALE | | | |
| | | | No AGE : | | | |
| | | | 1D TO 6D : | | | |
| | | | 7D TO 11M : | | | |
| | | | 12M TO 150Y : 70-140 | | | |

MML MML TEST SETUP INFORMATION

*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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MML
CODE TEXT

MESSAGES USED AS NORMALS

TOTAL OF 0 NORMALS CODES

*** END OF REPORT ***



LABORATORY SERVICE REPORT

1-800-533-1710

| | | | | | | |
|---|------------------------------|------------------------------------|-----------|--|-----|-------------------------|
| PATIENT NAME TEST, GLU1D | | PATIENT NUMBER | | AGE 1D | SEX | ACCESSION # G9132634 |
| ORDERING PHYSICIAN | | CLIENT ORDER # | | | | ACCOUNT # JAHTEST |
| COLLECTION 07/24/09 08:00 A | RECEIVED 07/24/09 11:43 A | REPORT PRINTED 07/28/09 09:22 A | | SPECIMEN INFORMATION DATE OF BIRTH: | | |
| DATE TIME | DATE TIME | 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 * |
|--|----------|-----------|----------------|
| Glucose, Random, S Glucose, Random, S | 69 | mg/dL | NEL |

* 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, GLU1D | ORDER STATUS Final | COLLECTION DATE AND TIME 07/24/09 08:00 A |
|-----------------------------|-----------------------|--|

Specimen receipt and report times are in CST/CDT

REPRINT

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