

MULTIPLE CHANGES

NOTIFICATION DATE: September 22, 2009

EFFECTIVE DATE: October 27, 2009

**ACETAMINOPHEN, PLASMA, NIH UNITS
#4901**

EXPLANATION: Effective October 27, 2009, multiple changes will occur to test #4901. Please see changes below. There will be no changes to the reference values, fee or CPT coding.

CURRENT REPORTING NAME: Acetaminophen, P, NIH

NEW REPORTING NAME: Acetaminophen, S, NIH

CURRENT PUBLISHED NAME: Acetaminophen, Plasma, NIH Units

NEW PUBLISHED NAME: Acetaminophen, Serum, NIH Units

CURRENT SPECIMEN REQUIREMENT: Draw blood in a lavender-top (EDTA) tube(s). Spin down and send 1.0 mL of EDTA plasma.

NEW SPECIMEN REQUIREMENT: Draw blood in a plain, red-top tube(s). Spin down and send 1.0 mL of serum.

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or
Jim Nielsen, Mayo Medical Laboratories Technologist Support
Telephone: 800-533-1710



MAYO CLINIC
 Mayo Medical Laboratories

TEST DEFINITION

9/17/2009

Code Name

 4901 Acetaminophen, S, NIH

**** 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 *
4901	8/12/2009		Acetaminophen, S, NIH			MCR
			Transport temp : Refrig\Ambient OK\Frozen OK			
			4901 Acetaminophen, S, NIH			
			Possible result values include : <10,<10			
			Units: mg/L			
			NO SEX			
			All Ages : 0-50 ; #N8698NE			
			MALE			
			All Ages : 0-50 ; #N8698NE			
			FEMALE			
			All Ages : 0-50 ; #N8698NE			

*Performing Site Legend

```

=====
MCR      Mayo Clinic Dpt of Lab Med & Pathology      LAB DIRECTOR:  Franklin R. Cockerill, III, M.D.
          200 First Street SW
          Rochester, MN 55905
=====

```

*** End of Report ***

MML

Messages used as normals

CODE	TEXT
N8698NE	<50 (Therapeutic concentration) > or = 120 (Toxic concentration)

Total of 1 normals codes

*** End of Report ***

1-800-533-1710

PATIENT NAME TESTING, 4901		PATIENT NUMBER		AGE 35	SEX M	ACCESSION # G9134633
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 09/12/09 02:23 P DATE TIME	RECEIVED 09/12/09 02:23 P DATE TIME	REPORT PRINTED 09/17/09 12:25 P DATE TIME		SPECIMEN INFORMATION DATE OF BIRTH:		
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
----------------	----	----	-----------	----------------

Acetaminophen, S, NIH

Acetaminophen, S, NIH	25	mg/L	MCR
-- EXPECTED VALUES --			
<50 (Therapeutic concentration)			
> or = 120 (Toxic concentration)			

* PERFORMING SITE

MCR	Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
-----	---	--

PATIENT NAME TESTING, 4901	ORDER STATUS Final	COLLECTION DATE AND TIME 09/12/09 02:23 P
--------------------------------------	------------------------------	---