

**REPORTING NAME CHANGE****NOTIFICATION DATE:** September 4, 2009**EFFECTIVE DATE:** September 18, 2009**RUBEOLA (MEASLES) ANTIBODIES, IGG AND IGM (SEPARATE
DETERMINATIONS), SPINAL FLUID
5194**

EXPLANATION: Effective September 18, 2009, the Reporting Name of this test will change.

CURRENT REPORTING NAME: Rubeola (Measles) Ab, IgG & IgM, CSF

NEW REPORTING NAME: Rubeola (Measles) Ab, IgG, IgM, CSF

NOTE: There will be no change to the Published Name of this test.

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or
Kim J. Baker, Mayo Medical Laboratories' Technologist Support
Telephone: 800-533-1710

TEST DEFINITION

9/4/2009

MML Name/order code cross-reference

Code	Name
5194	Rubeola (Measles) Ab, IgG,IgM, CSF

**** 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 *
5194	7/27/2004		Rubeola (Measles) Ab, IgG,IgM, CSF			SDL
			UNIT CODE ALWAYS MESSAGE - [Z8763]			
			The presence of IgM class antibodies or a fourfold or greater rise in paired sera IgG titer indicates recent infection. The presence of demonstrable IgG generally indicates past exposure and immunity.			
			Transport temp : Refrig\Ambient OK\Frozen OK			
			5194	Rubeola (Measles) Ab, IgG,IgM, CSF		
			5741	IgG		
			Possible result values include : 1:5,1:10,1:40,1:160,1:640,<1:5			
			NO SEX			
			All Ages :		<1:5	
			MALE			
			All Ages :		<1:5	
			FEMALE			
			All Ages :		<1:5	
			5742	IgM		
			Possible result values include : <1:10,>=1:10			
			NO SEX			
			All Ages :		<1:10	
			MALE			
			All Ages :		<1:10	

FEMALE
All Ages :

; <1:10

MML MML Test setup information

*Performing Site Legend

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SDL Mayo Clinic Dpt of Lab Med & Pathology
Superior Dr.
3050 Superior Dr. NW
Rochester, MN 55901

LAB DIRECTOR: Franklin R. Cockerill, III, M.D.

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*** End of Report ***

MML Messages used as normals

CODE TEXT

Total of 0 normals codes

*** End of Report ***

1-800-533-1710

PATIENT NAME TESTING, REPORT		PATIENT NUMBER		AGE 25	SEX F	ACCESSION # G9134433
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 09/04/09 11:35 A	RECEIVED 09/04/09 11:35 A	REPORT PRINTED 09/04/09 12:45 P		SPECIMEN INFORMATION DATE OF BIRTH:		
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 *
Rubeola (Measles) Ab, IgG,IgM, CSF				
IgG	<1:5		<1:5	SDL
IgM	<1:5		<1:10	SDL
<p>The presence of IgM class antibodies or a fourfold or greater rise in paired sera IgG titer indicates recent infection. The presence of demonstrable IgG generally indicates past exposure and immunity.</p>				

* PERFORMING SITE

SDL	Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, REPORT	ORDER STATUS Final	COLLECTION DATE AND TIME 09/04/09 11:35 A
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