

MUMPS ANTIBODY, IGM, SERUM
#80977

USEFUL FOR: Laboratory diagnosis of mumps infection and/or detecting acute mumps infection.

METHODOLOGY: Enzyme Immunoassay (EIA)

REFERENCE VALUES: negative (reported as negative, positive or equivocal)

SPECIMEN REQUIREMENTS: Draw blood in a plain red-top or serum gel tube, spin down and send 1.0 mL of serum refrigerated in a plastic screw-cap vial.

CAUTIONS: All positive results must be interpreted cautiously as some false-positive results or heterotypical responses of the IgM have been seen in the serum of pregnant women or in patients with an acute infection caused by Cytomegalovirus, Herpes Simplex, Measles, Rubella and Parvovirus.

List Fee: \$114.10

CPT Code: 86735

ANALYTIC TIME: 1 day

DAY(S) SET-UP: Monday through Saturday

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



MAYO CLINIC
 Mayo Medical Laboratories

TEST DEFINITION

7/28/2009

Code Name

 80977 Mumps Ab, IgM

**** 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 *
80977	7/14/2009		Mumps Ab, IgM			MCR
			Transport temp : Refrig\Frozen OK\Ambient NO			
			31062	Mumps Ab IgM		
			Possible result values include : Equivocal,Negative,Positive,Equivocal			
			31063	Index Value		
			Possible result values include : Equivocal,Negative,Positive,Equivocal			

*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

Total of 0 normals codes

*** End of Report ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, TEST		PATIENT NUMBER		AGE 50	SEX M	ACCESSION # G9132785
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/28/09 02:17 P	RECEIVED 07/28/09 02:17 P	REPORT PRINTED 07/28/09 02:48 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 *
Mumps Ab, IgM			
Mumps Ab IgM		Negative	MCR
Index Value		0.60	MCR

* 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, TEST	ORDER STATUS Final	COLLECTION DATE AND TIME 07/28/09 02:17 P
-------------------------------	-----------------------	--

Specimen receipt and report times are in CST/CDT

REPRINT

Page 1 of 1