



MAYO CLINIC
Mayo Medical Laboratories

**TESTING RESUMED AND
REFERENCE VALUE CHANGE**

NOTIFICATION DATE: June 16, 2009

EFFECTIVE DATE: June 23, 2009

**METHEMOGLOBIN AND SULFHEMOGLOBIN, BLOOD
#81032**

EXPLANATION: Mayo Medical Laboratories is pleased to announce that testing of the Sulfhemoglobin component of this profile will resume June 23, 2009 with a new reference value.

NOTE: There will be no changes in the specimen requirements, pricing or CPT coding of these assays.

CURRENT REFERENCE VALUE: 0.0-1.0% of total hemoglobin

NEW REFERENCE VALUE: 0.0-0.4% of total hemoglobin

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager
Julie Breider, Mayo Medical Laboratories' Technologist Support
Telephone: 800-533-1710



MAYO CLINIC
 Mayo Medical Laboratories

TEST DEFINITION

6/15/2009

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
81032 (PROFILE) 80200	5/28/2009		METHEMOGLOBIN AND SULFHEMOGLOBIN, B METHEMOGLOBIN, B			MCR
			TRANSPORT TEMP : REFRIG\AMBIENT NO\FROZEN NO 8268 METHEMOGLOBIN, B			
			EXPECT RESULTS OF FORM : SHOULD BE A NUMBER BETWEEN 0.0 AND 99.9			
			UNITS: %			
			NO SEX			
			ALL AGES : 0.0-1.5		; 0.0-1.5	
			MALE			
			ALL AGES : 0.0-1.5		; 0.0-1.5	
			FEMALE			
			ALL AGES : 0.0-1.5		; 0.0-1.5	
8272	5/28/2009		SULFHEMOGLOBIN, B			MCR
			TRANSPORT TEMP : REFRIG\AMBIENT NO\FROZEN NO 8272 SULFHEMOGLOBIN, B			
			EXPECT RESULTS OF FORM : SHOULD BE A NUMBER BETWEEN 0.0 AND 99.9			
			UNITS: %			
			NO SEX			
			ALL AGES : -0.4		; 0.0-0.4	
			MALE			
			ALL AGES : -0.4		; 0.0-0.4	
			FEMALE			
			ALL AGES : -0.4		; 0.0-0.4	

*PERFORMING SITE LEGEND

MCR MAYO CLINIC DPT OF LAB MED & PATHOLOGY
 200 FIRST STREET SW
 ROCHESTER, MN 55905

LAB DIRECTOR: FRANKLIN R. COCKERILL, III, M.D.

*** 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, DERLEN IS		PATIENT NUMBER		AGE 54	SEX F	ACCESSION # G9129137
ORDERING PHYSICIAN DR OLDENBURG		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 06/10/09 01:41 P	RECEIVED	REPORT PRINTED 06/15/09 11:27 A		SPECIMEN INFORMATION DATE OF BIRTH: TESTING DERLEN		
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 *
Sulfhemoglobin, B				
Sulfhemoglobin, B	0.2	%	0.0-0.4	MCR
Methemoglobin, B				
Methemoglobin, B	1.3	%	0.0-1.5	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.
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PATIENT NAME TESTING, DERLEN IS	ORDER STATUS Final	COLLECTION DATE AND TIME 06/10/09 01:41 P
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Specimen receipt and report times are in CST/CDT

REPRINT

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