



REPORTING NAME CHANGE

NOTIFICATION DATE: September 4, 2009

EFFECTIVE DATE: September 18, 2009

INFLUENZA VIRUS B ANTIBODIES, IGG AND IGM (SEPARATE DETERMINATIONS), SERUM # 8175

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

CURRENT REPORTING NAME: Influenza Virus B Ab, IgG & IgM, S

NEW REPORTING NAME: Influenza Virus B Ab, IgG, IgM, S

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

Code Name

8175 Influenza Virus B Ab, IgG, IgM, s

**** 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 *
8175	8/1/1996		Influenza Virus B Ab, IgG, IgM, s			SDL
			UNIT CODE ALWAYS MESSAGE - [Z8175N]			
			Expected Values: IgG <1:10			
			IgM <1:10			
			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.			
			Transport temp : Refrig\Ambient OK\Frozen OK			
			8175 Influenza Virus B Ab, IgG, IgM, S			
			- - - - -			
			5733 Influenza Virus B Ab, IgG			
			Possible result values include : 1:10,1:20,1:40,1:160,1:640,1:2560,<1:10,>			
			- - - - -			
			5734 Influenza Virus B Ab, IgM			
			Possible result values include : <1:10,>			
			- - - - -			

MML MML Test setup information

*Performing Site Legend

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SDL Mayo Clinic Dpt of Lab Med & Pathology

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

Superior Dr.
3050 Superior Dr. NW
Rochester, MN 55901

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*** End of Report ***

MML

Messages used as normals

CODE TEXT

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Total of 0 normals codes

*** End of Report ***

1-800-533-1710

PATIENT NAME TESTING, REPORT		PATIENT NUMBER		AGE 24	SEX F	ACCESSION # G9134437
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 09/04/09 11:42 A	RECEIVED 09/04/09 11:42 A	REPORT PRINTED 09/04/09 12:48 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 *
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Influenza Virus B Ab, IgG, IgM, s

Influenza Virus B Ab,	<1:10	SDL
IgG		
Influenza Virus B Ab,	<1:10	SDL
IgM		

Expected Values: IgG <1:10
IgM <1:10

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.

* 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 11:42 A
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