

**REPORTING CHANGE**

**NOTIFICATION DATE:** October 13, 2009

**EFFECTIVE DATE:** November 4, 2009

**BK VIRUS DNA, QUANTITATIVE, BY RAPID PCR, PLASMA  
#83187**

**EXPLANATION:** The reporting title of this assay will change.

Changes will also be made to reporting codes within the setup.

This will require file definition changes.

**CURRENT REPORTING TITLE:** BK Virus DNA by Rapid PCR, P

**NEW REPORTING TITLE:** BK Virus PCR, Quant, P

**NOTE:** There will be no changes to the specimen requirement, CPT code or Fee for this test.

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



**MAYO CLINIC**  
 Mayo Medical Laboratories

# TEST DEFINITION

10/12/2009

Code Name  
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 83187 BK Virus PCR, Quant, P

\*\*\*\* 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 *
83187	7/9/2009		BK Virus PCR, Quant, P			MCR
			Transport temp : Refrig\Frozen OK\Ambient NO			
			83187 BK Virus DNA QN by Rapid PCR, P			
			Possible result values include : Detected,None detected			
			Units: copies/mL			
			NO SEX			
			All Ages :		; None detected	
			MALE			
			All Ages :		; None detected	
			FEMALE			
			All Ages :		; None detected	
			- - - - -			
		31060	Copies/mL			
			- - - - -			

\*Performing Site Legend

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

<b>PATIENT NAME</b> TESTING, SUE		<b>PATIENT NUMBER</b>		<b>AGE</b> NOT GI	<b>SEX</b>	<b>ACCESSION #</b> G9136944
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 10/07/09 08:30 A	<b>RECEIVED</b> 10/08/09 01:14 P	<b>REPORT PRINTED</b> 10/13/09 02:28 P		<b>SPECIMEN INFORMATION</b>		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE OF BIRTH:</b>			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
<b>BK Virus PCR, Quant, P</b>				
BK Virus DNA QN by		Detected	None	MCR
Rapid PCR, P			detected	
Copies/mL		500	copies/mL	MCR
Results may not be reproducible due to low copy level.				

## \* 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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<b>PATIENT NAME</b> TESTING, SUE	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 10/07/09 08:30 A
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