



MAYO
Mayo Medical Laboratories
1-800-533-1710

**REACTIVATION OF OBSOLETE TEST
WITH A REPORTING CHANGE**
NOTIFICATION DATE: October 28, 2009
EFFECTIVE DATE: November 2, 2009

**AMYLOIDOSIS, TRANSTHYRETIN-ASSOCIATED FAMILIAL,
REFLEX, BLOOD
#83674**

EXPLANATION: Mayo Medical Laboratories is pleased to announce that test #83674 will again be offered. This test had been obsolete while technical issues were being resolved and is now available. Additional reporting fields have been added; this change will require a new file definition.

USEFUL FOR: Diagnosis of adult individuals suspected of having Transthyretin-associated familial amyloidosis.

METHODOLOGY: Liquid Chromatography-Mass Spectrometry.

REFERENCE VALUES: An interpretive report will be provided.

SPECIMEN REQUIREMENTS: **Specimen must arrive within 96 hours of draw.**

Draw blood in a lavender-top (EDTA) tube(s) or a yellow top (ACD) tube(s), and send 3 mL of EDTA or ACD whole blood in original vacutainers. Invert several times to mix blood. Send unprocessed whole blood refrigerated.

LIST FEE: \$ 197.90

CPT CODES:

83788/ Mass spectrometry-tandem mass spectrometry (MS-MS/MS)

83890/ Molecular isolation or extraction (if appropriate)

83892/ Enzymatic digestion (if appropriate)

83894/ Separation by gel electrophoresis (if appropriate)

83900/ Amplification, target, multiplex, first 2 nucleic acid sequences (if appropriate)

83901/ Amplification, target, multiplex, each additional nucleic acid sequence beyond 2 (if appropriate)

83909 x8/ Separation and identification by high-resolution technique (if appropriate)

83912/ Interpretation and report (if appropriate)

ANALYTIC TIME: 14 days

DAY(S) SET UP: Thursday; varies.

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or Sara Siewert, Mayo Medical Laboratories' Technologist Support
Telephone: 800-533-1710

TEST DEFINITION

10/28/2009

Code Name

83674 Familial Amyloidosis Reflex

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
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83674	10/16/2009		Familial Amyloidosis Reflex			MCR
			Transport temp : Refrig\Ambient OK\Frozen NO			
		50938	Specimen			
		50939	Specimen ID			
		50940	Source			
		50941	Order Date			
		50942	Reason for Referral			
		50943	Method			
		22668	Wild Type Mass Units: Dalton			
		22669	Wild Type Width at Half Height Units: Dalton			
		22670	Second Mass Units: Dalton			
		22671	Mass Difference Units: Dalton			

(continued next page)

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
83674	(continued)					
		22673	Abnormal Result			
			Possible result values include : No,Yes,No			
		50944	Interpretation			
		50945	Amendment			
		50946	Reviewed By			
		50947	Release Date			

*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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CODE TEXT

Total of 0 normals codes

*** End of Report ***

1-800-533-1710

PATIENT NAME TONY, TESTING		PATIENT NUMBER		AGE 35	SEX F	ACCESSION # G9138742
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 10/22/09 12:00 P DATE TIME	RECEIVED 10/22/09 01:49 P DATE TIME	REPORT PRINTED 10/28/09 02:39 P DATE TIME		SPECIMEN INFORMATION DATE OF BIRTH:		
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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Familial Amyloidosis Reflex

Specimen	Whole Blood	MCR
Specimen ID	1038626	MCR
Order Date	22 Oct 2009 13:59	MCR
Reason for Referral	Reason for referral not provided.	MCR
Method	Liquid Chromatography-Mass Spectrometry (LC-MS)	MCR
Wild Type Mass	13762.0 Dalton	MCR
Wild Type Width at Half Height	9.7 Dalton	MCR
Abnormal Result	No	MCR
Interpretation	In this sample no alteration was observed by mass spectrometry (ms). If clinical diagnosis is strongly suspected or there is a positive family history, molecular sequencing (MML test code 83667) is recommended to rule out the possibility of a false-negative result. This could be done on the existing sample if requested within two months of sample collection. If you would like to request follow-up testing, please call 1-800-533-1710. If you have questions about this result, the biochemical genetics consultant on-call can be reached at the same number.	MCR
Reviewed By	Kimiyo M Raymond MD	MCR
Release Date	26 Oct 2009 13:50	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 TONY, TESTING	ORDER STATUS Final	COLLECTION DATE AND TIME 10/22/09 12:00 P
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