

**REPORTING NAME CHANGE****NOTIFICATION DATE:** September 4, 2009**EFFECTIVE DATE:** September 18, 2009**TYPHUS FEVER GROUP ANTIBODY, IGG AND IGM, SERUM
83678**

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

CURRENT REPORTING NAME: Typhus Fever Group Ab, IgG & IgM, S

NEW REPORTING NAME: Typhus Fever Group 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

83678 Typhus Fever Group 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 *
83678(profile)			Typhus Fever Group Ab, IgG, IgM, S			
84345	6/2/2004		Typhus Fever Group Ab, IgG, S			SDL
			Transport temp : Refrig\Frozen OK\Ambient NO			
			84345 Typhus Fever Group Ab, IgG, S			
			Possible result values include :			
			1:64#S216,1:128#S216,1:256#S215,SEMIU,RD,1:512#S215,SEMIU,RD,1:1024#S215,SEMIU,RD,1:2D			
			NO SEX			
			All Ages :		; <1:64	
			MALE			
			All Ages :		; <1:64	
			FEMALE			
			All Ages :		; <1:64	
			- - - - -			
84344	6/2/2004		Typhus Fever Group Ab, IgM, S			SDL
			Transport temp : Refrig\Frozen OK\Ambient NO			
			84344 Typhus Fever Group Ab, IgM, S			
			Possible result values include : <1:64#ADN,>or=1:64#S217,SEMIU,RD			
			NO SEX			
			All Ages :		; <1:64	
			MALE			
			All Ages :		; <1:64	
			FEMALE			
			All Ages :		; <1:64	
			- - - - -			

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

Total of 0 normals codes

*** End of Report ***

1-800-533-1710

PATIENT NAME TESTING, REPORT		PATIENT NUMBER		AGE 25	SEX F	ACCESSION # G9134435
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 09/04/09 11:38 A DATE TIME	RECEIVED DATE TIME	REPORT PRINTED 09/04/09 12:48 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 *
Typhus Fever Group Ab, IgM, S			
Typhus Fever Group Ab, IgM, S	<1:64	<1:64	SDL
Typhus Fever Group Ab, IgG, S			
Typhus Fever Group Ab, IgG, S	<1:64	<1:64	SDL

* 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 11:38 A
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