

**TEST SET-UP CHANGE**

**NOTIFICATION DATE:** September 29, 2009

**EFFECTIVE DATE:** November 3, 2009

**COMPLEMENT C3, BODY FLUID**  
**#8367**

**EXPLANATION:** Effective November 3rd, the test set-up will change for #8367 Complement C3, Body Fluid. The test code referring to fluid type will be removed as this information is not required for the completion of testing. Please review the attached test set-up information and make the appropriate changes. The deleted test code will not affect performance of the test or pricing.

**QUESTIONS:** Contact your Mayo Medical Laboratories' Regional Manager  
Brad Bellin, Mayo Medical Laboratories' Technologist Support  
Telephone: 800-533-1710



**MAYO CLINIC**  
 Mayo Medical Laboratories

# TEST DEFINITION

9/28/2009

Code Name  
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 8367 Complement C3, BF

\*\*\*\* 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 *
8367	9/22/2009		Complement C3, BF			MCR
			Transport temp : Refrig\Ambient <3 days OK\Frozen <14 days OK			
		8367	Complement C3, BF			
			Units: mg/dL			
			NO SEX			
			All Ages :		; No established normal value	
			MALE			
			All Ages :		; No established normal value	
			FEMALE			
			All Ages :		; No established normal value	
			TEST CODE ALWAYS MESSAGE - [ZFDAC]			
		ZFDAC	Performance characteristics and reference ranges have not been verified. Results should be interpreted in conjunction with clinical findings.			

\*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, COM		<b>PATIENT NUMBER</b>		<b>AGE</b> 33	<b>SEX</b> F	<b>ACCESSION #</b> G9133256
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 08/11/09 02:37 P <b>DATE TIME</b>	<b>RECEIVED</b> 08/11/09 02:37 P <b>DATE TIME</b>	<b>REPORT PRINTED</b> 09/28/09 04:27 P <b>DATE TIME</b>		<b>SPECIMEN INFORMATION</b> 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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<b>Complement C3, BF</b>				
Complement C3, BF		6	mg/dL	No established normal value
				MCR

Performance characteristics and reference ranges have not been verified. Results should be interpreted in conjunction with clinical findings.

## \* 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, COM	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 08/11/09 02:37 P
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