



REPORTING NAME CHANGE

NOTIFICATION DATE: September 4, 2009

EFFECTIVE DATE: September 18, 2009

RUBEOLA (MEASLES) ANTIBODIES, IGG AND IGM (SEPARATE DETERMINATIONS), SERUM # 84423

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

CURRENT REPORTING NAME: Rubeola (Measles) Ab, IgG & IgM, S

NEW REPORTING NAME: Rubeola (Measles) 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

84423 Rubeola (Measles) 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 *
84423(profile)			Rubeola (Measles) Ab, IgG, IgM, S			
80262	7/15/2004		Rubeola (Measles) Ab, IgG, S			SDL
			Transport temp : Refrig\Ambient OK\Frozen OK			
			80262 Rubeola (Measles) Ab, IgG, S			
			Possible result values include : Equivocal,Negative,Positive			
			NO SEX			
			All Ages :		; Negative	
			MALE			
			All Ages :		; Negative	
			FEMALE			
			All Ages :		; Negative	
80979	5/23/2006		Rubeola (Measles) Ab, IgM, S			SDL
			Transport temp : Refrig\Ambient OK\Frozen OK			
			80979 Rubeola (Measles) Ab, IgM, S			
			Possible result values include : Negative,Positive#RECI,SEMIU,RD			
			NO SEX			
			All Ages :		; Negative	
			MALE			
			All Ages :		; Negative	
			FEMALE			
			All Ages :		; Negative	

MML MML Test setup information

*Performing Site Legend

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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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*** 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 32	SEX F	ACCESSION # G9134432
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 09/04/09 11:31 A DATE TIME	RECEIVED DATE TIME	REPORT PRINTED 09/04/09 12:45 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 *
Rubeola (Measles) Ab, IgG, S				
Rubeola (Measles) Ab, IgG, S		Negative	Negative	SDL
Rubeola (Measles) Ab, IgM, S				
Rubeola (Measles) Ab, IgM, S		Negative	Negative	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 11:31 A
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