

TEST CHANGES

NOTIFICATION DATE: September 24, 2009

EFFECTIVE DATE: October 23, 2009

INSULIN ANTIBODIES, SERUM #8666

EXPLANATION: There will be a change in the way the reference range for Insulin Antibodies is presented. Specimen requirements will now require 1.0 mL (0.5 min) serum. Transport temperature will also change to refrigerate preferred instead of frozen.

CURRENT REFERENCE VALUE: <3% binding of labeled human insulin by patient's serum

NEW REFERENCE VALUE: < or = 0.02 nmol/L

CURRENT SPECIMEN REQUIREMENT: 0.5 mL serum

NEW SPECIMEN REQUIREMENT: 1.0 mL serum

CURRENT SPECIMEN TRANSPORTATION TEMPERATURE:

Frozen\Refrig <7 days OK\Ambient NO

NEW SPECIMEN TRANSPORTATION TEMPERATURE:

Refrig \Ambient <72 hours OK\Frozen OK

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



MAYO CLINIC
 Mayo Medical Laboratories

TEST DEFINITION

9/23/2009

MML NAME/ORDER CODE CROSS-REFERENCE
 CODE NAME

 8666 INSULIN ABS, S

MML MML TEST SETUP INFORMATION

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
8666	9/21/2009		INSULIN ABS, S			MCR
TRANSPORT TEMP : REFRIG<14 DAYS OK\AMBIENT<72 HOURS OK\FROZEN OK						
8666 INSULIN ABS, S						
EXPECT RESULTS OF FORM : SHOULD BE 1 TO 4 NUMBERS WITH OR WITHOUT 1 OR 2 DECIMAL PLACES						
UNITS: NMOL/L						
NO SEX						
				ALL AGES : 0.00-0.02	; 0.00-0.02	
MALE						
				ALL AGES : 0.00-0.02	; 0.00-0.02	
FEMALE						
				ALL AGES : 0.00-0.02	; 0.00-0.02	

*PERFORMING SITE LEGEND

=====

MCR	MAYO CLINIC DPT OF LAB MED & PATHOLOGY	LAB DIRECTOR:	FRANKLIN R. COCKERILL, III, M.D.
	200 FIRST STREET SW		
	ROCHESTER, MN 55905		

=====

MML MESSAGES USED AS NORMALS
 CODE TEXT

TOTAL OF 0 NORMALS CODES

*** END OF REPORT ***

1-800-533-1710

PATIENT NAME TESTING, CHEUNG		PATIENT NUMBER		AGE 69	SEX F	ACCESSION # G9135050
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 09/18/09 02:14 P DATE TIME	RECEIVED 09/18/09 02:14 P DATE TIME	REPORT PRINTED 09/23/09 10:36 A DATE TIME		SPECIMEN INFORMATION DATE OF BIRTH: 1/1/1940		
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
Insulin Abs, S				
Insulin Abs, S	H	0.04	nmol/L	0.00-0.02 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.
-----	---	--

PATIENT NAME TESTING, CHEUNG	ORDER STATUS Final	COLLECTION DATE AND TIME 09/18/09 02:14 P
--	------------------------------	---