

**Bacterial Culture, Cystic Fibrosis**  
**#89653**

**USEFUL FOR:** Detection of aerobic bacterial pathogens from cystic fibrosis patient specimens.

**METHODOLOGY:** Conventional culture on selective media

**REFERENCE VALUES:** No growth or usual flora.

**SPECIMEN REQUIREMENTS:** 2 mL of early-morning expectorated sputum is preferred. Having the patient brush their teeth or gargle with water immediately prior to specimen collection reduces the number of contaminating oropharyngeal bacteria. Send specimen refrigerated. Specimen must be received within 24 hours after collection. Specimens > 24 hours old will be rejected

CPT CODE: 87070

ANALYTIC TIME: 4-7 days

LIST FEE: \$140.50

DAY(S) SET UP: Monday-Sunday

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager  
Jeremy R. Caddell, Mayo Medical Laboratories' Technical Support  
Telephone: 800-533-1710



# TEST DEFINITION

10/2/2009

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
89653	9/25/2009		BACTERIAL CULTURE, CYSTIC FIBROSIS			MCR
			TRANSPORT TEMP : REFRIG <24 HOURS\AMBIENT NO\FROZEN NO			
		31659	SPECIMEN SOURCE			
		31660	RESULT			
		31661	SPECIAL INFORMATION			
		31662	REPORT STATUS			

\*PERFORMING SITE LEGEND

MCR MAYO CLINIC DPT OF LAB MED & PATHOLOGY  
200 FIRST STREET SW  
ROCHESTER, MN 55905

LAB DIRECTOR: FRANKLIN R. COCKERILL, III, M.D.

\*\*\* END OF REPORT \*\*\*

MML MESSAGES USED AS NORMALS

CODE TEXT

TOTAL OF 0 NORMALS CODES

\*\*\* END OF REPORT \*\*\*

1-800-533-1710

<b>PATIENT NAME</b> TESTING, CFRC		<b>PATIENT NUMBER</b>		<b>AGE</b> 40	<b>SEX</b> M	<b>ACCESSION #</b> G9136355
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 10/02/09 10:10 A	<b>RECEIVED</b> 10/02/09 10:13 A	<b>REPORT PRINTED</b> 10/02/09 02:31 P		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>				
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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**Bacterial Culture, Cystic Fibrosis**
**Specimen Source**

INDUCED SPUTUM

MCR

**Result**

Usual flora

PSEUDOMONAS AERUGINOSA , 4+

ENTEROBACTER CLOACAE , 2+

STAPHYLOCOCCUS AUREUS , 3+

MCR

**Report Status**

FINAL 10022009

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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<b>PATIENT NAME</b> TESTING, CFRC	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 10/02/09 10:10 A
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