

Fluticasone 17-beta-carboxylic acid, Urine
#89739

USEFUL FOR: Confirming the presence of fluticasone 17-beta-carboxylic acid in urine, thus indicating recent exposure to fluticasone propionate therapy by the patient. Knowledge of synthetic inhaled corticosteroid use may be useful in the evaluation of causes of secondary adrenal insufficiency.

METHODOLOGY: Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)

REFERENCE VALUES: Pediatrics: <10 pg/mL
Adults: < 10 pg/mL

SPECIMEN REQUIREMENTS: 5 mL from a random urine collection.

CPT CODE: 83789

LIST FEE: \$231.10

ANALYTIC TIME: 2 days

DAY(S) SET UP: Tuesday

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

TEST DEFINITION

7/23/2009

Code Name

89739 Fluticasone 17-B Carboxylic Acid, U

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
89739	7/17/2009		Fluticasone 17-B Carboxylic Acid, U			MCR
			Transport temp : Frozen OK\Refrig OK <3 days\Ambient <1 day OK			
			89739 Fluticasone 17-B Carboxylic Acid, U			
			Units: pg/mL			

*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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CODE TEXT

Total of 0 normals codes

*** End of Report ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TEST, 1		PATIENT NUMBER		AGE 15	SEX F	ACCESSION # G9132296
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/21/09 09:25 A	RECEIVED 07/21/09 09:25 A	REPORT PRINTED 07/23/09 12:47 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME	DATE TIME			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
Fluticasone 17-B Carboxylic Acid, U Fluticasone 17-B Carboxylic Acid, U	Negative	pg/mL	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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PATIENT NAME TEST, 1	ORDER STATUS Final	COLLECTION DATE AND TIME 07/21/09 09:25 A
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Specimen receipt and report times are in CST/CDT

REPRINT

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LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TEST, 2		PATIENT NUMBER		AGE 40	SEX M	ACCESSION # G9132297
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/21/09 09:27 A	RECEIVED 07/21/09 09:27 A	REPORT PRINTED 07/23/09 12:49 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE	TIME	DATE	TIME			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
Fluticasone 17-B Carboxylic Acid, U Fluticasone 17-B Carboxylic Acid, U	999	pg/mL	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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PATIENT NAME TEST, 2	ORDER STATUS Final	COLLECTION DATE AND TIME 07/21/09 09:27 A
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Specimen receipt and report times are in CST/CDT

REPRINT

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