

**CARBOHYDRATE DEFICIENT TRANSFERRIN FOR CONGENITAL
DISORDERS OF GLYCOSYLATION, SERUM
#89891**

USEFUL FOR: Diagnosis of the various forms of Congenital Disorders of Glycosylation (CDG).

NOTE: This test was previously available under test code #82414, which will become obsolete on December 8, 2009.

METHODOLOGY: Affinity Chromatography/Mass Spectrometry (MS)

REFERENCE VALUES:

MONO-OLIGOSACCHARIDE/DI-OLIGOSACCHARIDE < or = 0.100
A-OLIGOSACCHARIDE/DI-OLIGOSACCHARIDE < or = 0.050

SPECIMEN REQUIREMENTS: Draw blood in a plain, red-top tube(s) or a serum gel tube(s). Spin down and send 0.1 mL of serum frozen in a plastic vial.

NOTE: Patient's age is required on request form for processing.
Please provide a reason for referral with each specimen.

Reason for referral options:

1. Rule out congenital disorders of glycosylation (CDG)
2. Follow-up of known patient with CDG.

MINIMUM VOLUME: 0.05 mL

LIST FEE: \$ 228.90

CPT CODE: 82373

ANALYTIC TIME:

3 days, not reported on Saturday or Sunday

DAY(S) SET-UP:

Monday, Wednesday, Friday; 8:00 a.m.

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or
Sara Siewert, Mayo Medical Laboratories' Technologist Support
Telephone: 800-533-1710

TEST DEFINITION

10/30/2009

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
89891	10/19/2009		CDG, S			MCR
			Transport temp : Frozen\Refrig NO\Ambient NO			
			50814 Specimen			
			50815 Specimen ID			
			50816 Source			
			50817 Order Date			
			50818 Reason for Referral			
			50819 Method			
			31721 Mono-oligo/Di-oligo Ratio			
			NO SEX			
			All Ages : 0.000-0.100		; 0.000-0.100	
			MALE			
			All Ages : 0.000-0.100		; 0.000-0.100	
			FEMALE			
			All Ages : 0.000-0.100		; 0.000-0.100	
			31720 A-oligo/Di-oligo Ratio			
			NO SEX			
			All Ages : 0.000-0.050		; 0.000-0.050	

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
89891			31720 A-oligo/Di-oligo Ratio (continued)			
			MALE			
			All Ages : 0.000-0.050		; 0.000-0.050	
			FEMALE			
			All Ages : 0.000-0.050		; 0.000-0.050	
			50820 Interpretation			

50821 Amendment
- - - - -
50822 Reviewed By
- - - - -
50823 Release Date
- - - - -

*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

PATIENT NAME TESTING, CDG		PATIENT NUMBER		AGE 40Y	SEX F	ACCESSION # G9139203
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 10/29/09 03:32 P DATE TIME	RECEIVED 10/29/09 03:32 P DATE TIME	REPORT PRINTED 10/30/09 11:55 A 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 *
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CDG, S

Specimen	Serum		MCR
Specimen ID	1038648		MCR
Order Date	29 Oct 2009 15:35		MCR
Reason for Referral			MCR
Reason for referral not provided.			
Method			MCR
Affinity Chromatography/Mass Spectrometry (MS)			
Mono-oligo/Di-oligo	H	0.122	0.000-0.100 MCR
Ratio			
A-oligo/Di-oligo Ratio	0.009		0.000-0.050 MCR
Interpretation			MCR
<p>Abnormal result. This profile is suggestive of a diagnosis of one of the congenital disorders of glycosylation (CDG) (Jaeken J, Matthijs G. Congenital disorders of glycosylation: a rapidly expanding disease family. Annu Rev Genomics Hum Genet. 2007;8:261-278; Freeze HH. Congenital Disorders of Glycosylation: CDG-I, CDG-II, and beyond. Curr Mol Med. 2007;7:389-396). If clinically indicated, consider enzyme analysis in leukocytes and/or fibroblast cultures to rule-out CDG type Ia or Ib. Please note that abnormal transferrin isoforms have also been observed in patients with severe liver disease of both genetic and non-genetic etiologies. Please contact the Biochemical Genetics consultant or genetic counselor on call (Tel. 1-800-533-1710) if you have any questions or to arrange for additional testing.</p>			
Reviewed By	Kimiyo M Raymond MD		MCR
Release Date	29 Oct 2009 15:39		MCR

* Perform Site Legend on last page of report

PATIENT NAME TESTING, CDG	ORDER STATUS Final	COLLECTION DATE AND TIME 10/29/09 03:32 P
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1-800-533-1710

PATIENT NAME TESTING, CDG		PATIENT NUMBER		AGE 40Y	SEX F	ACCESSION # G9139203
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 10/29/09 03:32 P	RECEIVED 10/29/09 03:32 P	REPORT PRINTED 10/30/09 11:55 A		SPECIMEN INFORMATION DATE OF BIRTH:		
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 *
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* 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 TESTING, CDG	ORDER STATUS Final	COLLECTION DATE AND TIME 10/29/09 03:32 P
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