

***STREPTOCOCCUS PNEUMONIAE* ANTIGEN, CEREBROSPINAL FLUID
#89971**

USEFUL FOR: Rapid diagnosis of pneumococcal pneumonia.

METHODOLOGY: Immunochromatographic Membrane Assay

REFERENCE VALUES: Negative

SPECIMEN REQUIREMENTS: 1 mL of spinal fluid sent refrigerated in a screw cap vial.

CAUTIONS: *Streptococcus pneumoniae* vaccine may cause false-positive results, especially in patients who have received the vaccine within 5 days of having the test performed.

LIST FEE: \$131.60

CPT CODE: 87450

ANALYTIC TIME: 1 day

DAY(S) SET-UP: Monday through Sunday

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager
Kim J. Baker, Mayo Medical Laboratories' Technologist Support
Telephone: 800-533-1710



TEST DEFINITION

10/2/2009

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
89971	9/25/2009		STREPTOCOCCUS PNEUMONIAE AG, CSF			SDL
			TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT NO			
			31667 STREPTOCOCCUS PNEUMONIAE AG, CSF			
			POSSIBLE RESULT VALUES INCLUDE : NEGATIVE, POSITIVE			
			NO SEX			
			ALL AGES :		; NEGATIVE	
			MALE			
			ALL AGES :		; NEGATIVE	
			FEMALE			
			ALL AGES :		; NEGATIVE	

*PERFORMING SITE LEGEND

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.

*** 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, TEST		PATIENT NUMBER		AGE 50	SEX M	ACCESSION # G9136326
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 10/02/09 07:55 A	RECEIVED 10/02/09 07:55 A	REPORT PRINTED 10/02/09 02:21 P		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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Streptococcus pneumoniae Ag, CSF	Negative	Negative	SDL
Streptococcus pneumoniae Ag, CSF			

* 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, TEST	ORDER STATUS Final	COLLECTION DATE AND TIME 10/02/09 07:55 A
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