



MAYO CLINIC
Mayo Medical Laboratories

1-800-533-1710

**REFERRAL NEW ORDERABLE
UNIT CODE**

NOTIFICATION DATE: May 19, 2009

EFFECTIVE DATE: Immediately

**MYELIN BASIC PROTEIN, CSF
#91613**

EXPLANATION OF CHANGE: The following new orderable, referred to ARUP, is available immediately.

METHODOLOGY: Enzyme-Linked Immunosorbent Assay (ELISA)

SPECIMEN REQUIREMENTS: 1 mL (0.4 mL min) of spinal fluid. Send specimen refrigerated.
Note: Label specimen appropriately (spinal fluid)

LIST FEE: \$60.75

CPT CODE: 83873

DAY(S) SET UP:
Monday, Wednesday, Friday

ANALYTIC TIME:
1-4 days

QUESTIONS: Contact Mayo Medical Laboratories
Telephone: 800-533-1710



TEST DEFINITION

5/19/2009

Code	Name
91613	Myelin Basic Protein

**** End of Name to order code Report ****

MML MML Test setup information

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
91613	5/14/2009		Myelin Basic Protein			
			Transport temp : Refrig 2 weeks\Frozen 3 months\Ambient NO			
			91613	Myelin Basic Protein		
				Units: ng/mL		
				NO SEX		
				All Ages : 0.00-1.10	; 0.00 - 1.10	
				MALE		
				All Ages : 0.00-1.10	; 0.00 - 1.10	
				FEMALE		
				All Ages : 0.00-1.10	; 0.00 - 1.10	
			TEST CODE ALWAYS MESSAGE - [Z91613]			
			Z91613			

Test Information: Myelin Basic Protein
 This test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under the Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.

Test Performed by: ARUP Laboratories, Inc.
 500 Chipeta Way
 Salt Lake City, UT 84108

MML

MML Test setup information

*Performing Site Legend

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*** End of Report ***

MML

Messages used as normals

CODE	TEXT
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Total of 0 normals codes

*** End of Report ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 91613		PATIENT NUMBER		AGE 40	SEX F	ACCESSION # W1276637
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 05/14/09 02:11 P	RECEIVED 05/14/09 02:11 P	REPORT PRINTED 05/19/09 01:03 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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Myelin Basic Protein

Myelin Basic Protein	H	1055.11	ng/mL	0.00 - 1.10	REF
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Test Information: Myelin Basic Protein

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500 Chipeta Way
Salt Lake City, UT 84108

* PERFORMING SITE

PATIENT NAME TESTING, 91613	ORDER STATUS Final	COLLECTION DATE AND TIME 05/14/09 02:11 P
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Specimen receipt and report times are in CST/CDT

REPRINT

Page 1 of 1