



**MAYO CLINIC**  
Mayo Medical Laboratories

1-800-533-1710

**REFERRAL NEW ORDERABLE  
UNIT CODE**

**NOTIFICATION DATE:** May 1, 2009

**EFFECTIVE DATE:** Immediately

**FIBRINOGEN ANTIGEN  
#91933**

**EXPLANATION OF CHANGE:** The following new orderable, referred to Blood Center of WI, is available immediately.

**PREVIOUS ORDER CODE:** Misc. Blood Center of WI #90560

**SPECIMEN REQUIREMENTS:**

Draw blood in a light blue-top (citrate) tube(s). Separate and submit 0.5 mL citrate plasma frozen.

**NOTE:** Separate specimens must be submitted when multiple tests are ordered.

**LIST FEE:** \$94.00

**CPT CODE:** 85385

**DAY(S) SET UP:**  
Varies

**ANALYTIC TIME:**  
7-10 days

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



# TEST DEFINITION

5/1/2009

MML NAME/ORDER CODE CROSS-REFERENCE

CODE	NAME
91933	FIBRINOGEN ANTIGEN, P

MML MML TEST SETUP INFORMATION

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
91933	4/30/2009		FIBRINOGEN ANTIGEN, P			
			TRANSPORT TEMP : FROZEN\REFRIG NO\AMBIENT NO			
		91933	FIBRINOGEN ANTIGEN, P			
			UNITS: MG/DL			
			NO SEX			
			ALL AGES : 201-454		; 201-454	
			MALE			
			ALL AGES : 201-454		; 201-454	
			FEMALE			
			ALL AGES : 201-454		; 201-454	
			TEST CODE ALWAYS MESSAGE - [Z91933]			
		Z91933	INTERPRETIVE NOTE: DIFFERENTIATION OF CONGENITAL FROM ACQUIRED DEFECTS OF FIBRINOGEN REQUIRES CLINICAL CORRELATION. FIBRINOGEN ANTIGEN DATA SHOULD BE COMPARED WITH FUNCTIONAL FIBRINOGEN ACTIVITY ON THE SAME SAMPLE FOR EVALUATION OF AFIBRINOGENEMIA, HYPOFIBRINOGENEMIA AND DYSFIBRINOGENEMIA.			
			TEST PERFORMED BY: BLOODCENTER OF WISCONSIN 638 N. 18TH STREET MILWAUKEE, WI 53233-2121			

\*PERFORMING SITE LEGEND

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MML CODE	TEXT	MESSAGES USED AS NORMALS

TOTAL OF 0 NORMALS CODES  
\*\*\* END OF REPORT \*\*\*



## LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 91933		PATIENT NUMBER		AGE 40	SEX F	ACCESSION # W1108955
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 04/30/09 01:56 P	RECEIVED 04/30/09 01:56 P	REPORT PRINTED 05/01/09 09:42 A		SPECIMEN INFORMATION DATE OF BIRTH:		
<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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**Fibrinogen Antigen, P**

<b>Fibrinogen Antigen, P</b>	<b>258</b>	<b>mg/dL</b>	<b>201-454</b>	<b>REF</b>
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Interpretive note: Differentiation of congenital from acquired defects of fibrinogen requires clinical correlation. Fibrinogen antigen data should be compared with functional fibrinogen activity on the same sample for evaluation of afibrinogenemia, hypofibrinogenemia and dysfibrinogenemia.

Test Performed by: BloodCenter of Wisconsin  
638 N. 18th Street  
Milwaukee, WI 53233-2121

\* PERFORMING SITE

PATIENT NAME TESTING, 91933	ORDER STATUS Final	COLLECTION DATE AND TIME 04/30/09 01:56 P
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Specimen receipt and report times are in CST/CDT

REPRINT

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