



MAYO CLINIC
Mayo Medical Laboratories

1-800-533-1710

**REFERRAL NEW ORDERABLE
UNIT CODE**

NOTIFICATION DATE: August 4, 2009

EFFECTIVE DATE: August 11, 2009

**ENTEROVIRUS PANEL II, CF (CSF)
#91946**

EXPLANATION OF CHANGE: Unit Code 91946, Enterovirus Panel II, CF (CSF), referred to Focus Diagnostics, is available effective August 11, 2009.

PREVIOUS ORDER CODE: #90400, Enterovirus Panel II, CF (CSF)

SPECIMEN REQUIREMENTS: Submit 3 mL of spinal fluid. Refrigerate specimen after collection.

LIST FEE: \$276.46

CPT CODE: 86658/x20

DAY(S) SET UP:
Monday through Friday

ANALYTIC TIME:
2 days

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



TEST DEFINITION

8/4/2009

| ORDER CODE | EFF DATE | TC | TITLE | CHECKING NORMALS | PRINT NORMALS (# CODED) | PERFORM SITE * |
|-----------------|-----------|----|---|------------------|-------------------------|----------------|
| 91946 (PROFILE) | | | ENTEROVIRUS PANEL II, CF (CSF) | | | |
| 23680 | 7/29/2009 | | COXSACKIE A ANTIBODIES, CSF | | | |
| | | | UNIT CODE ALWAYS MESSAGE - [ZFOCUSD] | | | |
| | | | TEST PERFORMED BY: FOCUS DIAGNOSTICS, INC. | | | |
| | | | 5785 CORPORATE AVENUE | | | |
| | | | CYPRESS, CA 90630-4750 | | | |
| | | | MEDICAL DIRECTOR, ALFRED LUI, MD | | | |
| | | | TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT <4 DAYS | | | |
| | | | 22027 | COXSACKIE A2 AB | | |
| | | | - | - | - | - |
| | | | 22028 | COXSACKIE A4 AB | | |
| | | | - | - | - | - |
| | | | 22029 | COXSACKIE A7 AB | | |
| | | | - | - | - | - |
| | | | 22030 | COXSACKIE A9 AB | | |
| | | | - | - | - | - |
| | | | 22031 | COXSACKIE A10 AB | | |
| | | | - | - | - | - |
| | | | 22032 | COXSACKIE A16 AB | | |
| | | | - | - | - | - |
| 23681 | 7/29/2009 | | COXSACKIE B (1-6) ANTIBODIES, CSF | | | |
| | | | UNIT CODE ALWAYS MESSAGE - [ZFOCUSD] | | | |
| | | | TEST PERFORMED BY: FOCUS DIAGNOSTICS, INC. | | | |
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| | | | CYPRESS, CA 90630-4750 | | | |
| | | | MEDICAL DIRECTOR, ALFRED LUI, MD | | | |
| | | | TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT <4 DAYS | | | |
| | | | 22033 | COXSACKIE B1 AB | | |
| | | | - | - | - | - |
| | | | 22034 | COXSACKIE B2 AB | | |
| | | | - | - | - | - |
| | | | 22035 | COXSACKIE B3 AB | | |
| | | | - | - | - | - |
| | | | 22036 | COXSACKIE B4 AB | | |
| | | | - | - | - | - |

22037 COXSACKIE B5 AB

- - - - -

22038 COXSACKIE B6 AB

- - - - -

23682 7/29/2009 ECHOVIRUS ANTIBODIES, CSF

UNIT CODE ALWAYS MESSAGE - [ZFOCUSD]

TEST PERFORMED BY: FOCUS DIAGNOSTICS, INC.

5785 CORPORATE AVENUE

CYPRESS, CA 90630-4750

MEDICAL DIRECTOR, ALFRED LUI, MD

TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT <4 DAYS

22039 ECHOVIRUS 4 AB

- - - - -

22040 ECHOVIRUS 7 AB

- - - - -

22041 ECHOVIRUS 9 AB

- - - - -

22042 ECHOVIRUS 11 AB

- - - - -

22043 ECHOVIRUS 30 AB

- - - - -

91343 7/29/2009 POLIOVIRUS (TYPES 1-3) AB, CSF

UNIT CODE ALWAYS MESSAGE - [ZFOCUSD]

TEST PERFORMED BY: FOCUS DIAGNOSTICS, INC.

5785 CORPORATE AVENUE

CYPRESS, CA 90630-4750

MEDICAL DIRECTOR, ALFRED LUI, MD

TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT <4 DAYS

21965 POLIOVIRUS 1 AB

- - - - -

21966 POLIOVIRUS 2 AB

- - - - -

21967 POLIOVIRUS 3 AB

- - - - -

*PERFORMING SITE LEGEND

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LABORATORY SERVICE REPORT

1-800-533-1710

| | | | | | | |
|--|----------|------------------------------------|------|--|----------|-------------------------|
| PATIENT NAME TESTING, 91946 | | PATIENT NUMBER | | AGE 50 | SEX F | ACCESSION # G9133017 |
| ORDERING PHYSICIAN | | CLIENT ORDER # | | | | ACCOUNT # LIAISONS |
| COLLECTION 08/03/09 02:08 P | RECEIVED | REPORT PRINTED 08/04/09 10:22 A | | SPECIMEN INFORMATION DATE OF BIRTH: 6/20/1959 | | |
| 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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Coxsackie A Antibodies, CSF

| | | | |
|------------------|---|-------|-----|
| Coxsackie A2 Ab | H | 1:1 | REF |
| Coxsackie A4 Ab | H | 1:2 | REF |
| Coxsackie A7 Ab | H | 1:4 | REF |
| Coxsackie A9 Ab | H | 1:8 | REF |
| Coxsackie A10 Ab | H | >=1:8 | REF |
| Coxsackie A16 Ab | | <1:1 | REF |

REFERENCE RANGE: <1:1

INTERPRETIVE CRITERIA:

<1:1 Antibody Not Detected

> or = 1:1 Antibody Detected

Diagnosis of infections of the central nervous system is accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpretation of results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps. The interpretation of CSF results must consider CSF-serum antibody ratios to the infectious agent.

This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.

Coxsackie B (1-6) Antibodies, CSF

| | | | |
|-----------------|---|-------|-----|
| Coxsackie B1 Ab | H | >=1:8 | REF |
| Coxsackie B2 Ab | H | 1:8 | REF |
| Coxsackie B3 Ab | H | 1:1 | REF |
| Coxsackie B4 Ab | H | 1:2 | REF |
| Coxsackie B5 Ab | | <1:1 | REF |
| Coxsackie B6 Ab | H | 1:4 | REF |

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| | | |
|--------------------------------|-----------------------|--|
| PATIENT NAME TESTING, 91946 | ORDER STATUS Final | COLLECTION DATE AND TIME 08/03/09 02:08 P |
|--------------------------------|-----------------------|--|

Specimen receipt and report times are in CST/CDT

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REFERENCE RANGE: <1:1

INTERPRETIVE CRITERIA:

<1:1 Antibody Not Detected

> or = 1:1 Antibody Detected

Diagnosis of infections of the central nervous system is accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpretation of results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps. The interpretation of CSF results must consider CSF-serum antibody ratios to the infectious agent.

This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.

Echovirus Antibodies, CSF

| | | | |
|-----------------|---|-------|-----|
| Echovirus 4 Ab | | <1:1 | REF |
| Echovirus 7 Ab | H | 1:1 | REF |
| Echovirus 9 Ab | H | 1:2 | REF |
| Echovirus 11 Ab | H | 1:4 | REF |
| Echovirus 30 Ab | H | >=1:8 | REF |

REFERENCE RANGE: <1:1

INTERPRETIVE CRITERIA:

<1:1 Antibody Not Detected

> or = 1:1 Antibody Detected

Diagnosis of infections of the central nervous system is accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpretation of results may be

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Poliovirus (Types 1-3) Ab, CSF

| | | | |
|-----------------|---|--------|-----|
| Poliovirus 1 Ab | H | >=1:16 | REF |
| Poliovirus 2 Ab | H | 1:4 | REF |
| Poliovirus 3 Ab | | <1:1 | REF |

REFERENCE RANGE: <1:1

INTERPRETIVE CRITERIA:

<1:1 Antibody Not Detected

> or = 1:1 Antibody Detected

Diagnosis of infections of the central nervous system is accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpretation of results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps. The interpretation of CSF results must consider CSF-serum antibody ratios to the infectious agent.

This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.

Test performed by:Focus Diagnostics, Inc.

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5785 Corporate Avenue
 Cypress, CA 90630-4750
 Medical Director, Alfred Lui, MD

* PERFORMING SITE

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