



**MAYO CLINIC**  
Mayo Medical Laboratories

1-800-533-1710

**REFERRAL NEW ORDERABLE  
UNIT CODE**

**NOTIFICATION DATE:** September 2, 2009

**EFFECTIVE DATE:** Immediately

**INFLUENZA A H1N1 (2009) REAL-TIME RT-PCR  
#91948**

**EXPLANATION OF CHANGE:** The following new orderable, referred to Focus Diagnostics, Inc., is available immediately.

**PREVIOUS ORDER CODE:** Misc. Focus #90522

**SPECIMEN REQUIREMENTS:**

Throat, nasal or nasopharyngeal swab or nasal aspirates, in 3 mL viral transport media, M4 media or V-C-M medium (Green Cap) tube or equivalent (UTM) shipped refrigerate.

**NOTE:** Do not use calcium alginate swabs, only sterile swabs are acceptable.

**LIST FEE:** \$328.00

**CPT CODE:** 87998 X 2

**DAY(S) SET UP:**  
Monday through Sunday

**ANALYTIC TIME:**  
1 - 2 days

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



# TEST DEFINITION

9/2/2009

Code Name

91948 Influenza A H1N1 (2009)

\*\*\*\* 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 *
91948	9/2/2009		Influenza A H1N1 (2009)			
			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 7 days\Frozen 30 days\Ambient 48 hours OK			
		25059	Source			
		25060	Influenza A RNA			
		25061	2009 Influenza H1 Gene			

\*Performing Site Legend

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\*\*\* End of Report \*\*\*

CODE

TEXT

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Total of 0 normals codes

\*\*\* End of Report \*\*\*

1-800-533-1710

<b>PATIENT NAME</b> TESTING, 91948		<b>PATIENT NUMBER</b>		<b>AGE</b> 36	<b>SEX</b> F	<b>ACCESSION #</b> W2490094
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>			<b>ACCOUNT #</b> LIAISONS	
<b>COLLECTION</b> 09/02/09 10:40 A	<b>RECEIVED</b> 09/02/09 10:40 A	<b>REPORT PRINTED</b> 09/02/09 01:02 P		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:		
<b>DATE</b> <b>TIME</b>	<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						

<b>TEST REQUESTED</b>	HI LO	<b>REF RANGE</b>	<b>PERFORM SITE *</b>
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**Influenza A H1N1 (2009)**

<b>Source</b>	<b>NASOPHARYNGEAL</b>	<b>REF</b>
<b>Influenza A RNA</b>	<b>DETECTEDA</b>	<b>REF</b>
<b>2009 Influenza H1 Gene</b>	<b>DETECTEDA</b>	<b>REF</b>

Test Performed by: Focus Diagnostics, Inc.  
 5785 Corporate Avenue  
 Cypress, CA 90630-4750  
 Medical Director, Alfred Lui, MD

\* PERFORMING SITE

<b>PATIENT NAME</b> TESTING, 91948	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 09/02/09 10:40 A
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