

**AMENDMENT TO PREVIOUS NOTIFICATION**

**NOTIFICATION DATE:** July 31, 2009

**EFFECTIVE DATE:** August 28, 2009

**BIOTINIDASE, BLOOD**  
**#9359**

**EXPLANATION:** To prevent confusion about which specimen type to submit for this test, the reporting name will remain Biotinidase, Blood. The title will **not** change to Biotinidase, Plasma as was stated in the previous announcement.

**NOTE:** Additional reporting fields [Specimen, Specimen ID, Source, Order Date, Reason for Referral, Method] will still be added to test #9359, Biotinidase, Blood. These changes will require a new file definition.

**SPECIMEN REQUIREMENT:** Draw blood in a lavender top (EDTA) tube(s), and send 3 mL of EDTA whole blood refrigerated in a screw-capped, sterile vial. Maintain sterility and forward promptly.

**SPECIMEN TRANSPORT TEMPERATURE:** Refrig <5 days/ Frozen No/ Ambient No

**NOTE:** The laboratory will no longer accept serum specimens for this test. There is a new test code for serum, #88205, Biotinidase, Serum.

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager  
Sara Siewert, Mayo Medical Laboratories' Technologist Support  
Telephone: 800-533-1710

# TEST DEFINITION

7/31/2009

CODE    NAME  
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9359    BIOTINIDASE, B

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
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9359	7/30/2009		BIOTINIDASE, B			MCR
			TRANSPORT TEMP : REFRIG<5 DAYS\FROZEN NO\AMBIENT NO			
		50655	SPECIMEN			
			- - - - -			
		50656	SPECIMEN ID			
			- - - - -			
		50657	SOURCE			
			- - - - -			
		50658	ORDER DATE			
			- - - - -			
		50659	REASON FOR REFERRAL			
			- - - - -			
		50660	METHOD			
			- - - - -			
		50661	BIOTINIDASE, P			
			UNITS: U/L			
			NO SEX			
			ALL AGES : 3.5-13.8		; 3.5-13.8	
			MALE			
			ALL AGES : 3.5-13.8		; 3.5-13.8	
			FEMALE			
			ALL AGES : 3.5-13.8		; 3.5-13.8	
			- - - - -			
		50662	INTERPRETATION			
			- - - - -			
		50663	AMENDMENT			
			- - - - -			
		50664	REVIEWED BY			

50665      RELEASE DATE

\*PERFORMING SITE LEGEND

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MCR      MAYO CLINIC DPT OF LAB MED & PATHOLOGY  
         200 FIRST STREET SW  
         ROCHESTER, MN 55905  
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LAB DIRECTOR:    FRANKLIN R. COCKERILL, III, M.D.

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## LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, BIOT		PATIENT NUMBER		AGE 33	SEX F	ACCESSION # G9132956
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/30/09 02:05 P	RECEIVED 07/30/09 02:05 P	REPORT PRINTED 07/31/09 01:59 P		SPECIMEN INFORMATION DATE OF BIRTH:		
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 *
<b>Biotinidase, B</b>			
Specimen	Whole Blood		MCR
Specimen ID	1038446		MCR
Order Date	30 Jul 2009 14:06		MCR
Reason For Referral			MCR
Reason for referral not provided.			
Method	Colorimetric		MCR
Biotinidase, P	4.0	U/L 3.5-13.8	MCR
Interpretation			MCR
In this sample, biotinidase activity is normal. These results indicate this individual is not affected with biotinidase deficiency (OMIM #253260). Please contact the Biochemical Genetics consultant or genetic counselor on call (1-800-533-1710) if you have questions.			
Reviewed By	Kimiyo M Raymond MD		MCR
Release Date	30 Jul 2009 14:09		MCR

## \* PERFORMING SITE

MCR	Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, BIOT	ORDER STATUS Final	COLLECTION DATE AND TIME 07/30/09 02:05 P
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Specimen receipt and report times are in CST/CDT

REPRINT

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