

REPORTING CHANGE**NOTIFICATION DATE:** July 24, 2009**EFFECTIVE DATE:** August 25, 2009**BODY FLUID CHEMISTRY REPORTING CHANGE**

EXPLANATION: On August 25, 2009, a reporting change will affect body fluid chemistry test codes in the table below. Since reference values are not established for body fluid chemistries, the Reference Range reporting field will be left blank. We will no longer include the following comments on the reports: "No established normal value" and "Normals not specified". Due to this change, file definition changes are required for the following unit codes:

Unit Code	Test Name
8371	Amylase, BF
8420	Protein, Total, BF
8470	Chloride, BF
8028	Potassium, BF
8039	Sodium, BF
8029	Phosphorus, BF
81834	Blood Urea Nitrogen, BF

NOTE: Specimen requirements, pricing, and CPT coding will remain unchanged.

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager
Richard R. Einerson, Mayo Medical Laboratories' Technical Support
Telephone: 800-533-1710



MAYO CLINIC
 Mayo Medical Laboratories

TEST DEFINITION

7/24/2009

Code Name

 8371 Amylase, BF

**** 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 *
8371	7/22/2009		Amylase, BF			MCR
			Transport temp : Refrig\Frozen OK\Ambient NO			
			8371 Amylase, BF			
			Expect results of form : Should be a 1, 2, 3, 4, or 5 digit whole number or "<"			
			Possible result values include : <3			
			Units: U/L			
			31036	Fluid Type		

*Performing Site Legend

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MCR      Mayo Clinic Dpt of Lab Med & Pathology      LAB DIRECTOR:  Franklin R. Cockerill, III, M.D.
          200 First Street SW
          Rochester, MN 55905
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*** End of Report ***

MML Messages used as normals

CODE TEXT

Total of 0 normals codes

*** End of Report ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 8371		PATIENT NUMBER		AGE 26	SEX F	ACCESSION # G9132562
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/23/09 11:03 A	RECEIVED 07/23/09 11:03 A	REPORT PRINTED 07/24/09 10:34 A		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 *
Amylase, BF			
Amylase, BF	50	U/L	MCR
Fluid Type	BODY FLUID		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, 8371	ORDER STATUS Final	COLLECTION DATE AND TIME 07/23/09 11:03 A
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Specimen receipt and report times are in CST/CDT

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TEST DEFINITION

7/24/2009

Code	Name
8420	Protein, Total, BF

**** 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 *
8420	7/22/2009		Protein, Total, BF			MCR
Transport temp : Refrig\Frozen OK\Ambient NO						
8420 Protein, Total, BF						
Expect results of form : Could be 3 digits with one decimal and a less than sign.						
Possible result values include : <0.2						
Units: g/dL						
- - - - -						
31037 Fluid Type						
Possible result values include : BODY FLUID						
- - - - -						

*Performing Site Legend

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MCR      Mayo Clinic Dpt of Lab Med & Pathology      LAB DIRECTOR:  Franklin R. Cockerill, III, M.D.
          200 First Street SW
          Rochester, MN 55905
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*** End of Report ***

CODE	TEXT
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Total of 0 normals codes

*** End of Report ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 8420		PATIENT NUMBER		AGE 30	SEX M	ACCESSION # G9132564
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/23/09 11:09 A	RECEIVED 07/23/09 11:09 A	REPORT PRINTED 07/24/09 10:34 A		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 *
Protein, Total, BF			
Protein, Total, BF Fluid Type	7.7	g/dL	MCR MCR
	BODY FLUID		

* 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, 8420	ORDER STATUS Final	COLLECTION DATE AND TIME 07/23/09 11:09 A
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Specimen receipt and report times are in CST/CDT

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 Mayo Medical Laboratories

TEST DEFINITION

7/24/2009

Code Name

 8470 Chloride, BF

**** 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 *
8470	7/22/2009		Chloride, BF			MCR
Transport temp : Refrig\Frozen OK\Ambient NO						
8470 Chloride, BF						
Expect results of form : Should be up to 4 digits or contain a "<" symbol.						
Possible result values include : <10						
Units: mmol/L						

		31038	Fluid Type			

*Performing Site Legend

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MCR      Mayo Clinic Dpt of Lab Med & Pathology      LAB DIRECTOR:  Franklin R. Cockerill, III, M.D.
          200 First Street SW
          Rochester, MN 55905
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*** End of Report ***

CODE

TEXT

Total of 0 normals codes

*** End of Report ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 8470		PATIENT NUMBER		AGE 60	SEX F	ACCESSION # G9132565
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/23/09 11:12 A	RECEIVED 07/23/09 11:12 A	REPORT PRINTED 07/24/09 10:34 A		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	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 *
Chloride, BF			
Chloride, BF	105	mmol/L	MCR
Fluid Type	BODY FLUID		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, 8470	ORDER STATUS Final	COLLECTION DATE AND TIME 07/23/09 11:12 A
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Specimen receipt and report times are in CST/CDT

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TEST DEFINITION

7/24/2009

Code	Name
8028	Potassium, BF

**** 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 *
8028	7/22/2009		Potassium, BF			MCR
Transport temp : Refrig\Frozen OK\Ambient NO						
8028 Potassium, BF						
Expect results of form : Could be 3 digits with one decimal and a less than sign.						
Possible result values include : <1.5						
Units: mmol/L						

		31039	Fluid Type			

*Performing Site Legend

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MCR      Mayo Clinic Dpt of Lab Med & Pathology      LAB DIRECTOR:  Franklin R. Cockerill, III, M.D.
          200 First Street SW
          Rochester, MN  55905
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*** End of Report ***

CODE	TEXT
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Total of 0 normals codes

*** End of Report ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 8028		PATIENT NUMBER		AGE 55	SEX M	ACCESSION # G9132568
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/23/09 11:16 A	RECEIVED 07/23/09 11:16 A	REPORT PRINTED 07/24/09 10:35 A		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 *
Potassium, BF			
Potassium, BF	8.9	mmol/L	MCR
Fluid Type	BODY FLUID		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, 8028	ORDER STATUS Final	COLLECTION DATE AND TIME 07/23/09 11:16 A
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Specimen receipt and report times are in CST/CDT

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TEST DEFINITION

7/24/2009

Code	Name
8039	Sodium, BF

**** 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 *
8039	7/22/2009		Sodium, BF			MCR
Transport temp : Refrig\Frozen OK\Ambient NO						
8039 Sodium, BF						
Expect results of form : Should be up to 4 digits or contain a "<" symbol.						
Possible result values include : <7						
Units: mmol/L						
- - - - -						
		31041	Fluid Type			
- - - - -						

*Performing Site Legend

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MCR      Mayo Clinic Dpt of Lab Med & Pathology      LAB DIRECTOR:  Franklin R. Cockerill, III, M.D.
          200 First Street SW
          Rochester, MN 55905
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*** End of Report ***

MML Messages used as normals

CODE TEXT

Total of 0 normals codes

*** End of Report ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 8039		PATIENT NUMBER		AGE 29	SEX M	ACCESSION # G9132570
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/23/09 11:20 A	RECEIVED 07/23/09 11:20 A	REPORT PRINTED 07/24/09 10:37 A		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	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 *
Sodium, BF Sodium, BF Fluid Type	205 BODY FLUID	mmol/L	MCR MCR

* PERFORMING SITE

MCR 200 First Street SW Rochester, MN 55905	Mayo Clinic Dpt of Lab Med & Pathology	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, 8039	ORDER STATUS Final	COLLECTION DATE AND TIME 07/23/09 11:20 A
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Specimen receipt and report times are in CST/CDT

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TEST DEFINITION

7/24/2009

Code	Name
8029	Phosphorus, BF

**** 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 *
8029	7/22/2009		Phosphorus, BF			MCR
			Transport temp : Refrig\Frozen OK\Ambient NO			
			8029 Phosphorus, BF			
			Expect results of form : Could be 3 digits with one decimal and a less than sign.			
			Possible result values include : <0.3			
			Units: mg/dL			
			- - - - -			
		31042	Fluid Type			
			- - - - -			

*Performing Site Legend

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MCR      Mayo Clinic Dpt of Lab Med & Pathology      LAB DIRECTOR:  Franklin R. Cockerill, III, M.D.
          200 First Street SW
          Rochester, MN 55905
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*** End of Report ***

MML Messages used as normals

CODE TEXT

Total of 0 normals codes

*** End of Report ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 8029		PATIENT NUMBER		AGE 32	SEX F	ACCESSION # G9132571
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/23/09 11:21 A	RECEIVED 07/23/09 11:21 A	REPORT PRINTED 07/24/09 10:37 A		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 *
Phosphorus, BF Phosphorus, BF Fluid Type	3.5 BODY FLUID	mg/dL	MCR 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, 8029	ORDER STATUS Final	COLLECTION DATE AND TIME 07/23/09 11:21 A
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Specimen receipt and report times are in CST/CDT

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 Mayo Medical Laboratories

TEST DEFINITION

7/24/2009

Code Name

 81834 Bld Urea Nitrog, BF

**** 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 *
81834	7/22/2009		Bld Urea Nitrog, BF			MCR
			Transport temp : Refrig\Frozen OK\Ambient NO			
			81834 Bld Urea Nitrog, BF			
			Expect results of form : Should be a 1, 2, 3, 4, or 5 digit whole number or "<"			
			Possible result values include : <2			
			Units: mg/dL			
		31043	Fluid Type			

*Performing Site Legend

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MCR      Mayo Clinic Dpt of Lab Med & Pathology      LAB DIRECTOR:  Franklin R. Cockerill, III, M.D.
          200 First Street SW
          Rochester, MN 55905
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*** End of Report ***

CODE

TEXT

Total of 0 normals codes

*** End of Report ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 81834		PATIENT NUMBER		AGE 35	SEX F	ACCESSION # G9132569
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/23/09 11:17 A	RECEIVED 07/23/09 11:17 A	REPORT PRINTED 07/24/09 10:35 A		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 *
Bld Urea Nitrog, BF			
Bld Urea Nitrog, BF	22	mg/dL	MCR
Fluid Type	BODY FLUID		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, 81834	ORDER STATUS Final	COLLECTION DATE AND TIME 07/23/09 11:17 A
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Specimen receipt and report times are in CST/CDT

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