



**MAYO CLINIC**  
Mayo Medical Laboratories

**1-800-533-1710**

## **REPORTING CHANGE**

**NOTIFICATION DATE:** July 23, 2009

**EFFECTIVE DATE:** August 26, 2009

### **HEXOSAMINIDASE A AND TOTAL, SERUM #8774**

**EXPLANATION:** Additional reporting fields [Specimen, Specimen ID, Source, Order Date, Reason for Referral, Method] will be added to test #8774, Hexosaminidase A and Total, Serum. This change will require new file definition.

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

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



# TEST DEFINITION

7/23/2009

MML NAME/ORDER CODE CROSS-REFERENCE  
 CODE NAME  
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 8774 HEXOSAMINIDASE A AND TOTAL, S

MML ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
8774	2/20/2008		HEXOSAMINIDASE A AND TOTAL, S			MCR
			TRANSPORT TEMP : FROZEN\REFRIG OK\AMBIENT NO			
		27209	SPECIMEN			
		27210	SPECIMEN ID			
		27211	SOURCE			
		27212	ORDER DATE			
		27213	REASON FOR REFERRAL			
		27214	METHOD			
		27612	HEXOSAMINIDASE A AND TOTAL, S			
			EXPECT RESULTS OF FORM : SHOULD BE 1-3 DIGITS PLUS 1 DECIMAL PLACE			
			UNITS: U/L			
		27613	PERCENT A			
			EXPECT RESULTS OF FORM : SHOULD BE 1-3 DIGITS			
			UNITS: %			
		27216	INTERPRETATION			
		27217	AMENDMENT			
		27218	REVIEWED BY			

MML MML TEST SETUP INFORMATION

ORDER	EFF					PERFORM
CODE	DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	SITE *
8774	(CONTINUED)					
		27219	RELEASE DATE			

\*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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MML MESSAGES USED AS NORMALS  
CODE TEXT  
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TOTAL OF 0 NORMALS CODES

\*\*\* END OF REPORT \*\*\*



## LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, SHEILA		PATIENT NUMBER		AGE 35	SEX F	ACCESSION # G9132511
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/23/09 07:45 A	RECEIVED 07/23/09 07:45 A	REPORT PRINTED 07/23/09 12:58 P		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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**Hexosaminidase A and Total, S**

<b>Specimen</b>	Serum		<b>MCR</b>
<b>Specimen ID</b>	1038422		<b>MCR</b>
<b>Order Date</b>	23 Jul 2009 07:46		<b>MCR</b>
<b>Reason For Referral</b>			<b>MCR</b>
Reason for Referral not provided.			
<b>Method</b>			<b>MCR</b>
Heat Inactivation, Fluorometric			
<b>Hexosaminidase A and Total, S</b>	12.0	U/L	<b>MCR</b>
<b>Percent A</b>	45	%	<b>MCR</b>
<b>Interpretation</b>			<b>MCR</b>

These results indicate this individual is a carrier for Tay-Sachs disease (OMIM 272800). We recommend submitting a new blood sample and ordering Hexosaminidase A and Total, Leukocytes/Molecular Reflex (MML 82943) to determine if your patient is a true carrier of one of the pseudodeficiency alleles. If applicable, we recommend carrier screening for the reproductive partner (Hexosaminidase A and Total, Leukocytes/Molecular Reflex MML 82943) and referral for a genetic consultation to determine the best testing strategy during pregnancy. Please contact the biochemical Genetics consultant or genetic counselor on call (1-800-533-1710) if you have questions.

<b>Reviewed By</b>	Dietrich Matern MD	<b>MCR</b>
<b>Release Date</b>	23 Jul 2009 07:48	<b>MCR</b>

## \* 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, SHEILA	ORDER STATUS Final	COLLECTION DATE AND TIME 07/23/09 07:45 A
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Specimen receipt and report times are in CST/CDT

REPRINT

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