



MAYO CLINIC
Mayo Medical Laboratories

1-800-533-1710

REPORTING CHANGE

NOTIFICATION DATE: July 23, 2009

EFFECTIVE DATE: August 28, 2009

BIOTINIDASE, BLOOD #9359

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

CURRENT PUBLISHED TITLE: Biotinidase, Blood

NEW PUBLISHED TITLE: Biotinidase, Plasma

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

7/23/2009

MML NAME/ORDER CODE CROSS-REFERENCE
 CODE NAME

 9359 BIOTINIDASE, P

MML		MML TEST SETUP INFORMATION				PERFORM
ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	SITE *
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9359	7/6/2009		BIOTINIDASE, P			MCR
		50655	TRANSPORT TEMP : REFRIG<5 DAYS\FROZEN NO\AMBIENT NO 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 MALE ALL AGES : 3.5-13.8 FEMALE ALL AGES : 3.5-13.8		; 3.5-13.8 ; 3.5-13.8 ; 3.5-13.8	
		50662	INTERPRETATION			

MML MML TEST SETUP INFORMATION

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PERFORM PRINT NORMALS (# CODED)	SITE *
9359	(CONTINUED)					
		50663	AMENDMENT			
		50664	REVIEWED BY			
		50665	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

TOTAL OF 0 NORMALS CODES

*** END OF REPORT ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, BIOTQA		PATIENT NUMBER		AGE 33	SEX F	ACCESSION # G9131876
ORDERING PHYSICIAN			CLIENT ORDER #			ACCOUNT # LIAISONS
COLLECTION 07/16/09 07:18 A	RECEIVED 07/16/09 07:18 A	REPORT PRINTED 07/23/09 12:54 P		SPECIMEN INFORMATION DATE OF BIRTH:		
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 *
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Biotinidase, P

Specimen	Serum	MCR
Specimen ID	1038408	MCR
Order Date	21 Jul 2009 10:43	MCR
Reason For Referral		MCR

Reason for referral not provided.

Method	Colorimetric	MCR
Biotinidase, P	L 1.4 U/L	3.5-13.8 MCR
Interpretation		MCR

In this sample, biotinidase activity is decreased. These results indicate that this individual is affected with biotinidase deficiency (OMIM #253260). If molecular confirmation is desired, consider ordering Biotinidase Deficiency, BTD Full Gene Analysis (MML #89012). This can be done on the existing sample by calling MML at 1-800-533-1710 within one month. Free-form biotin supplementation is recommended. For dosage recommendations, please see GeneReviews

(<http://www.ncbi.nlm.nih.gov/sites/GeneTests/?db=GeneTests>).

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	21 Jul 2009 11:50	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, BIOTQA	ORDER STATUS Final	COLLECTION DATE AND TIME 07/16/09 07:18 A
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Specimen receipt and report times are in CST/CDT

REPRINT

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