

## Biochemical Genetics REQUISITION FORM

<b>Patient Information</b>  <b>Name:</b> _____ <small>LAST NAME FIRST NAME</small>  <b>Date of Birth:</b> ____/____/____ <b>Sex:</b> <input type="checkbox"/> Female <small>MM DD YY</small> <input type="checkbox"/> Male  <b>Date of Collection:</b> ____/____/____ <small>MM DD YY</small>  <b>Sample Type:</b> <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Serum  <b>Medical Records#:</b> _____	
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Reporting Information	
<b>Physician:</b> _____ <b>Institution:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	<b>Additional Professional Report Recipients</b> <b>Name:</b> _____ <b>Institution:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____

**Indication for Study**

Biochemical Genetics Tests							Other Tests (please specify)
Test Code	Description	U	P	G	C S F	Serum (R)	
<input type="checkbox"/> AASUQ	Urine Metabolic & Amino acid screening	X					
<input type="checkbox"/> AAQ6	Amino Acids Quantitation			X(Plasma)	X		
<input type="checkbox"/> AAQMSUD	AAQ6 for MSUD			X(Plasma)			
<input type="checkbox"/> AAQNKH	AAQ6 for NKH			X(Plasma)			
<input type="checkbox"/> AAQUREA	AAQ6 for Urea Cycle			X(Plasma)			
<input type="checkbox"/> AAQSA	Amnio Acid Quantitation, each Amino Acid	X		X(Plasma)	X		
<input type="checkbox"/> BIOT	Biotinidase					X	
<input type="checkbox"/> CAR	Carnitine, Total and Free	X				X	
<input type="checkbox"/> GAL RBC	GAL-1-P			X(RBC)			
<input type="checkbox"/> GALTQ	GAL-1-P UridylTransferase, Quantitation			X(RBC)			<b>LAB USE ONLY</b>
<input type="checkbox"/> GALTE	GAL-1-P UridylTransferase, Electrophoresis			X(RBC)			
<input type="checkbox"/> GALK	Galactokinase			X(Whole Blood)			Genetics #
<input type="checkbox"/> GCMSU	Urine Organic Acids (Qualitative)	X					
<input type="checkbox"/> MSQN	Mucopolysaccharides (GAG) Quantitation	X					
<input type="checkbox"/> MPSU	Urine Mucopolysaccharide Differential (Reflex of Positive MSQN)	X					Lab/Specimen #
<input type="checkbox"/> ISOB	White blood cell isolation		X				
<input type="checkbox"/> CGH105K	CGH Microarray with SNPs		X				
<input type="checkbox"/> MITO	Mitochondrial DNA sequencing		X				
<input type="checkbox"/> LAPY**	<b>Lactate/Pyruvate ** STAT LABORATORY MUST APPROVE TEST REQUEST PRIOR TO SUBMISSION, processing must be performed immediately or sample will be rejected.</b> STAT delivery( 1 mL of blood in gray top tube, mixed and put on ice and immediately brought to the lab within in 1 hour of draw). <b><i>If sample is not able to be brought to laboratory within 1 hour, sample must be preprocessed: Blood must be drawn in gray top tube. Processing: 1:1 ratio: mix 1 mL of blood with 1mL of 8% perchloric acid (7mL of 70% perchloric acid diluted to 100mL with deionized water). Shake mixture for 30 seconds. Refrigerate for 5 minutes to ensure complete protein precipitation. Centrifuge 5 minutes at approximately 1500xg. Immediately transfer clear supernatant to a transport tube. Label the transport tube as "supernatant" and send to the laboratory.</i></b>						Date/Time received

### SPECIMEN KEY

<b>G</b>	Blood in green top tube with Sodium Heparin
<b>U</b>	Urine, minimum of 5.0 mL (no additives)
<b>R</b>	Blood in Red top tube (no anticoagulant)
<b>P</b>	Blood in purple top tube with EDTA
<b>**</b>	Blood in Grey top tube (Sodium Fluoride/Potassium Oxalate)

