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 Fed ID# 52-1524965 CAP# 1353022 CLIA# 21D0649789

**Test Requisition Form:**

Patient Last Name	Patient First Name	MI	Sex	Birthdate	History# or other patient ID#
Sample date	Sample ID #	<b>**Physician's Name Required**</b>			

**Billing Address:**

**Send Report To:**

Name (Institution or Self-Pay Individual: See Below)		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone	Fax	Phone	Fax

√	Test	CPT code	Sample Types & Amounts	Cost	
	1	Organic acid gas chromatogr/mass spectrometry	83918	Urine -5 mL or CSF -1 mL	\$300
	2	Amino acid analysis, quantitative	82139	Plasma -1 mL Heparin <sup>#</sup> ; CSF -1 mL; urine-5 mL	\$185
	3	Carnitine, Free and Total	82379	Plasma -1 mL, EDTA or Heparin	\$125
	4	Acylcarnitine Profile	82017	Plasma -1 mL, EDTA or Heparin	\$185
	5	N-Acetyl-L-aspartate - Canavan disease	83921	Urine -5 mL or CSF -1 mL	\$150
	6	Canavan disease - Prenatal diagnosis	83921	Amniotic fluid supernatant - 8 mL	\$400
	7	3-Methylglutaconic acid	83921	Urine-5 mL or Plasma-1 mL, EDTA or Heparin	\$150
	8	Orotic acid	83921	Urine -5 mL	\$150
	9	Methylmalonic acid	83921	Urine-5 mL or Plasma-1 mL, EDTA or Heparin	\$150
	10	Mevalonate-Mevalonic aciduria, Hyper IgD Syn.	83921	Urine -5 mL	\$150
	11	Cholesterol - Cerebrotendinous xanthomatosis	82542	Plasma -1 mL, EDTA or Heparin*	\$150
	12	Sitosterol - Sitosterolemia (Phytosterolemia)	82542	Plasma -1 mL, EDTA or Heparin*	\$150
	13	Guanidinoacetic acid + Creatine	82542	Plasma-1 mL, EDTA or Heparin or <b>Fasting</b> urine-2 mL	\$150
	14	Smith-Lemli-Opitz syndrome - prenatal diagnosis	82542	Amniotic fluid supernatant -5 mL or Chorionic villus ( <u>Cleaned</u> ) 5-10 mg	\$200
	15	8(9)-Cholesterol - Chondrodysplasia punctata	82542	Plasma -1 mL, EDTA or Heparin*	\$150
	16	Cholesterol biosynthesis intermediates: <input type="checkbox"/> 7-Dehydrocholesterol - Smith-Lemli-Opitz Syn. <input type="checkbox"/> Lathosterol - Lathosterolosis <input type="checkbox"/> Desmosterol - Desmosterolosis	82542	Plasma-1 mL, EDTA or Heparin* Tissue (liver preferred), 20 – 50 mg, frozen	\$150

**Testing by arrangement only:** CHILD syndrome; Antley-Bixler syndrome; Greenberg Dysplasia; Full Sterol Pathway; Sterol analysis in cultured cells

**Sample Collection:** Urine samples should be collected without preservatives and kept frozen.  
 #The ideal time to obtain plasma for amino acid analysis is 4 -6 hrs after the last meal.

**Shipping:** Specimens (plasma, urine, amniotic fluid and CV tissue) should be shipped frozen by overnight express carrier to arrive on weekdays to **KKI Biochemical Genetics Lab, 707 North Broadway, Room 526, Baltimore, MD 21205**. Exception: Sterol Tests ( \* ) can be shipped as whole blood at room temperature by overnight delivery.

**We regret that we are unable to bill insurance. Except for Institutional billing, we expect payment in full (credit card or check in US funds) by receipt of sample.**

\*Billing: Credit Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Security Code (on back of card) \_\_\_\_\_ Signature: \_\_\_\_\_