| Kennedy Krieger Institute Genetics Laboratory – Biochemical Genetics Section Revised July 2025 | | | | | | | | | | y 2025 | | |
|---|--|--|--|--------------------------------|--|------------------|--|-----------|--------------------------|-------------------------------|----------|--|
| 707 North Broadway, Room 526, Baltimore, MD 21205 www.genetics.kennedykrieger.org CLIA/Section Director: Lisa E. Kratz, Ph.D Kratz@kennedykrieger.org Phone: 443-923-2782 Fax: 443-923-2755 | | | | | | | | | | | | |
| Suzette Huguenin, Ph.D Huguenin@kennedykrieger.org Fed ID# 52-1524965 CAP# 1353022 CLIA# 21D0649789 Test Requisition Form: | | | | | | | | | | | | |
| D-4 | :4 T | 4 N | D-4:4 | | <mark>equisiti</mark> MI | | | Birthdate | | MRN# | | |
| Patient Last Name Patient First Name | | | | | | Sex | E | Birthdate | | MRN# | | |
| Sar | nple Da | te and Time (default 12am) | Hospital/ Lab Sample ID # | | 1 | Physician's Name | | | | | | |
| Dilling Address | | | | | | Send Report To: | | | | | | |
| Billing Address: Name (Institution or Self-Pay Individual: See Below) | | | | | | Name | | | | | | |
| | | | | | | | | | | | | |
| Ad | dress | | | | Address | | | | | | | |
| City, State, Zip | | | | | | City, State, Zip | | | | | | |
| Pho | Phone Fax | | | | | Phone Fax | | | | | | |
| ٧ | Test | | | | CPT code Sample Types & Amounts | | | | | | | |
| Co | st | _ | - | | | | | ~ипр. | o Types of | | | |
| | 1 | Organic acid gas chro | omatog | r/mass spectrometry | 8391 | | | | r CSF -1 mI | | \$200 | |
| | 2 | Amino acid analysis, | Amino acid analysis, quantitative 82139 Plasma -0.5 mL Heparin [#] ; CSF -0.5 mL; Urine-0.5 mL | | | | \$185 | | | | | |
| | 3 | Carnitine, Free and Total | | | 8237 | 9 P | Plasma -0.5 mL, EDTA or Heparin | | | | | |
| | 4 | Acylcarnitine Profile | | | 8201 | 7 P | Plasma -0.5 mL, EDTA or Heparin | | | | | |
| | 5 | N-Acetyl-L-aspartate - Canavan disease | | | 8392 | 1 U | Urine -5 mL or CSF -1 mL | | | | | |
| | 6 | Canavan disease - Prenatal diagnosis | | | 8392 | 1 A | Amniotic fluid supernatant - 8 mL | | | | | |
| | 7 | 3-Methylglutaconic acid | | | 8392 | 1 U | Urine-5 mL or Plasma-1 mL, EDTA or Heparin | | | | | |
| | 8 | Orotic acid | | | 8392 | 1 U | Urine -1 mL | | | | | |
| | 9 | Methylmalonic acid | | | 8392 | 1 U | Urine-1 mL or Plasma-1 mL, EDTA or Heparin | | | | | |
| | 10 | Mevalonate-Mevalonic aciduria, Hyper IgD Syn. | | | 8392 | 1 U | Urine -5 mL | | | | | |
| | 11 | Cholestanol - Cerebrotendinous xanthomatosis | | | 8254 | 2 P | Plasma -0.5 mL, EDTA or Heparin* | | | | | |
| | 12 | Sitosterol - Sitosterolemia (Phytosterolemia) | | | 8254 | 2 P | Plasma -0.5 mL, EDTA or Heparin* | | | | | |
| | 13 | Guanidinoacetic acid + Creatine | | | 8254 | | Plasma-0.5 mL, EDTA or Heparin or Fasting urine-1 mL | | | | \$150 | |
| | 14 | Smith-Lemli-Opitz syndrome - prenatal diagno | | | 8254 | | Amniotic fluid supernatant -5 mL or Chorionic villus (Cleaned) 5-10 mg | | | | \$200 | |
| | 15 | 8(9)-Cholestenol - Cl | hondro | dysplasia punctata | ctata 82542 Plasma -0.5 mL, EDTA or Heparin* | | | \$150 | | | | |
| | 16 | Cholesterol biosynthe 7-Dehydrocholes Lathosterol - Lat Desmosterol - De | sterol - S hosterol | Smith-Lemli-Opitz Syn. osis | 8254 | | | | L, EDTA or referred), 20 | Heparin* 0 – 50 mg, frozen | \$150 | |
| | | arrangement only: SC4M | | | e; Antle | y-Bixle | r synd | lrome; G | reenberg Dys | plasia; Full Sterol Pathway | ; Sterol | |
| | | | | d be collected without pre | | | | | last meal. | | | |
| #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. | | | | | | | | | | | | |
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| | | ce Credit Card Type: | Code (| Card Number: | Sio | nature | : | | | | | |
| | Exp. Date Security Code (on back of card) Signature: | | | | | | | | | | | |