

Kennedy Krieger Institute Genetics Laboratory - Peroxisomal Diseases Section 707 North Broadway, Room 530, Baltimore, MD 21205		Revised 8/2025 website: genetics.kennedykrieger.org
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Patient and Report Information					
Patient Last Name	Patient First Name	MI	Sex	DOB (Required)	History/MRN #
Sample Date and Time (default 12am)	Hospital/Lab Sample ID#	<input type="checkbox"/> FASTING <input type="checkbox"/> PREPRANDIAL <input type="checkbox"/> NON-FASTING			
Ordering Doctor (Required): _____					

Billing Address: (Institutional / Client/Physician / Self Pay**)	Send Report:
Name	Name
Address	Address
City, State, Zip Code	City, State, Zip Code
Phone Fax	Phone Fax and/or Email

Test Requisition and Sample Information (X Test(s) Desired)				
X	Tests using Blood and Urine	CPT	Sample Types and Amounts	Cost
	Plasma Very Long Chain Fatty Acids: Includes Phytanic Acid (screen for peroxisomal disorders)	82726	0.5mL EDTA plasma/serum fasting or pre-prandial (1-3* ml whole blood, EDTA)	\$165
	Red Blood Cell Plasmalogen Content for rhizomelic chondrodysplasia punctata/Zellweger spectrum	82542	3* mL whole blood, EDTA (1.5 bare minimum)	\$165
	Plasma Total Lipid Fatty Acid Profile: Includes C14 to C30 saturated, mono & polyunsaturated, (essential), trans & branched chain fatty acids, triene/tetraene ratio	82542	0.5mL EDTA frozen plasma/serum fasting or pre-prandial (1-3* ml whole blood, EDTA. Whole blood must be received within 2 days of collection.)	\$220
	Red Blood Cell Total Lipid Fatty Acid Profile: Includes C14 to C30 saturated, monounsaturated, polyunsaturated fatty acids w/ DHA and plasmalogens	82542	3mL whole blood EDTA; Whole blood must be received within 2 days of collection	\$220
	Pipecolic Acid: Plasma <u>or</u> Urine (please indicate)	82542	0.5 mL EDTA plasma* or 2 mL clean catch fresh urine	\$250
	C26:0 lysophosphatidylcholine (lysoPC) Plasma or dried blood spot (DBS) (screen for peroxisomal disorders) Please specify requested test if submitting whole blood (plasma is the default if not specified): Plasma: _____ DBS: _____	83789	0.1mL Plasma/Serum <u>OR</u> Fill at least one circle on newborn screening card (Whatman #10534612 Protein Saver 903) with either: <input type="checkbox"/> heel/finger stick whole blood <u>OR</u> <input type="checkbox"/> venous whole blood, EDTA SPECIFY ABOVE SOURCE of WHOLE BLOOD	\$100

Shipping: Whole blood samples should be sent ambient or on cold pack (NOT FROZEN) by overnight express for receipt within two days of collection. Urine and plasma should be shipped frozen on dry ice by overnight express to arrive weekdays only. * If RBC plasmalogen content and/or very long chain fatty acids and/or lysoPC and/or plasma pipecolic acid are ordered at the same time, all tests may be performed on a single sample of 3 ml EDTA whole blood.

Ship samples to arrive on weekdays only to: Kennedy Krieger Institute
 Peroxisomal Diseases Section, Room 530
 707 North Broadway, Baltimore, MD 21205

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

****Billing:** Credit Card Type: _____ Card Number: _____ CVV: _____

Exp Date: _____ Signature: _____ Printed Name: _____