

Test Requisition Form:

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

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

✓ Cost	Test	CPT code	Sample Types & Amounts	
1	Organic acid gas chromatogr/mass spectrometry	83919	Urine -5 mL or CSF -1 mL	\$200
2	Amino acid analysis, quantitative	82139	Plasma -1 mL Heparin [#] ; 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 Fasting urine-2 mL	\$150
14	Smith-Lemli-Opitz syndrome - prenatal diagnosis	82542	Amniotic fluid supernatant -5 mL or Chorionic villus (Cleaned) 5-10 mg	\$200
15	8(9)-Cholesterol - Chondrodysplasia punctata	82542	Plasma -1 mL, EDTA or Heparin*	\$150
16	Cholesterol biosynthesis intermediates: ■ 7-Dehydrocholesterol - Smith-Lemli-Opitz Syn. ■ Lathosterol - Lathosterolosis □ 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: _____