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EIN #: 52-1524965
 CAP#: 1353022
 CLIA#: 21D0649789

Patient and Report Information

Patient Last Name	Patient First Name	MI	Sex	DOB (Required)	History #
Sample Date	Sample ID#	Other Sample Information: FASTING <input type="checkbox"/> PREPRANDIAL <input type="checkbox"/> NON-FASTING <input type="checkbox"/> Ordering Doctor (Required):			
Indicate Where to Send Bill: (Institutional or Client/Physician Self Pay)**			Indicate Where to Send Report: (Ordering Doctor Required in this section or above)		
Name			Name		
Address			Address		
City, State, Zip Code			City, State, Zip Code		
Phone	Client/Physician Prepayment, check or credit card**	Phone	Fax		
Fax					

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	EDTA plasma/serum or 1-3 ml whole EDTA blood; fasting or preprandial.	\$165
	Red Blood Cell Plasmalogen Content (screening test for rhizomelic chondrodysplasia punctata)	82542	1.5 (bare minimum)-3 ml whole EDTA blood*	\$165
	Plasma Total Lipid Fatty Acid Profile: C8 to C26 saturated, mono/polyunsaturated, (essential), trans and branched chain fatty acids, triene/tetraene ratio	82542	EDTA plasma/serum or 1-3 ml whole EDTA blood; fasting or preprandial. Sample must be received by us within 48 hours of collection.	\$220
	Red Blood Cell Total Lipid Fatty Acid Profile: Includes C8 to C26 saturated, monounsaturated, polyunsaturated fatty acids and plasmalogens	82542	1.5 ml (bare minimum) -3 ml whole EDTA blood; fasting or preprandial. Sample must be received by us within 48 hours of collection	\$220
	Pipecolic Acid: Plasma <u>or</u> Urine	82542	5 ml cleanly collected urine <u>or</u> 1 ml EDTA plasma*	\$250

Shipping: Blood and plasma/serum samples may be sent at room temp. by overnight express. Urine should be shipped on wet or dry ice overnight express.

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 in US funds) on receipt of the sample.

*Billing: Credit Card Type: _____ Card Number _____

Exp. Date _____ Security Code (usually on back of card) _____ Signature: _____

* If plasma pipecolic acid and/or plasmalogen content are ordered at the same time as very long chain fatty acids, all tests may be performed on a single sample of 3 ml whole EDTA blood.

USE THIS PAGE FOR ORDERING PRENATAL TESTS

PLEASE NOTE THAT FIBROBLAST TESTING WAS DISCONTINUED AS OF MAY 1, 2017

Complete patient and billing information on page 1

Shipping: Prenatal samples must be shipped in leak proof containers completely filled with sterile tissue culture media to arrive on weekdays only.

Test Requisition and Sample Information (X Test(s) Desired)				
X	Tests using Cultured Cells	CPT Code	Sample Types and Amounts	Cost
	Peroxisomal Prenatal Diagnosis - CVS (For the diagnosis of X-linked ALD, Zellweger Syndrome, neonatal ALD, and rhizomelic chondrodysplasia punctata). <u>Prior Arrangement Required.</u>	88235 82726 82658	Cultured CVS (two T-25 flasks) This test includes the required maternal cell contamination studies.	\$1150
	Peroxisomal Prenatal Diagnosis - Amniocytes (For the diagnosis of X-linked ALD, Zellweger Syndrome, neonatal ALD, and rhizomelic chondrodysplasia punctata). <u>Prior Arrangement Required.</u>	88235 82726 82658	Whole amniotic fluid (15-30ml) or cultured amniocytes (two T-25 flasks). This test includes the required maternal cell contamination studies.	\$1150