	nnedy Krieger Institute Gene North Broadway, Baltimor		•			Diseases Sectennedykrieg		Revis	sed March 202	21		
Director: Lisa E. Kratz, Ph.D. Section Director: Suzette M Huguenin, Ph.D.			Phone: (443) 923-2788 Fax: (443) 923-2755 Email: genetics1@kennedykric			lykrieger.org	EIN #: CAP#: CLIA#:	1353	524965 8022 0649789			
Pati	ent and Report Information											
Patient Last Name		Patient First Name			MI	Sex	DOB (Required)		History #			
Sample Date		Sample ID#			Other Sample Information:							
r					FASTING ☐ PREPRANDIAL ☐ NON-FASTING ☐							
					Ordering Doctor (Required):							
Indicate Where to Send Bill: (Institutional or Client/Physician Self Pay)** Name					Indicate Where to Send Report: (Ordering Doctor Required in this section or above) Name							
Addr	ess				Address							
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City, State, Zip Code					City, Sta	ite, Zip Code						
Phone Fax		Client/Physician Prepayment, check or credit card**		ıt,	, Phone		Fax					
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168	t Requisition and Sample Inform	nation (X Test(s) Des	sired)								
X	Tests using Blood a				PT	San	ple Types and A	Amount	ts	Cost		
		and Urine ty Acids: I	ncludes	C	PT 726		serum or 1-3 ml v			Cost \$165		
	Tests using Blood a Plasma Very Long Chain Fatt	and Urine ty Acids: I isomal disc Content (so	ncludes orders)	82°	PT 726	EDTA plasma/ fasting or prep	serum or 1-3 ml v	whole E	DTA blood;			
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Kennedy Krieger Institute Genetics Laboratory - Peroxisomal Diseases Section Page 2

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). Prior Arrangement Required.	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). Prior Arrangement Required.	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				