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Test Requisition Form:

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

Send Report To:

Name (Institution or Self-Pay Individual: See Below)	Name
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Address	Address
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City, State, Zip	City, State, Zip
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Phone	Fax	Phone	Fax
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√	Test	CPT code	Sample Types & Amounts	Cost
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	Cholestanol - 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 (<u>Cleaned</u>) 5-10 mg	\$200
15	8(9)-Cholestenol - Chondrodysplasia punctata	82542	Plasma -1 mL, EDTA or Heparin*	\$150
16	Cholesterol biosynthesis intermediates: <input type="checkbox"/> 7-Dehydrocholesterol - Smith-Lemli-Opitz Syn. <input type="checkbox"/> Lathosterol - Lathosterolosis <input type="checkbox"/> 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: _____

