

CLIA Director: Lisa E. Kratz, Ph.D. Section Director: Suzette M Huguenin, Ph.D.	Phone: (443) 923-2788 Fax: (443) 923-2755 Email: huguenin@kennedykrieger.org	EIN #: 52-1524965 CAP#: 1353022 CLIA#: 21D0649789
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Patient and Report Information

Patient Last Name	Patient First Name	MI	Sex	DOB (Required)	History #
Sample Date	Sample ID#	_____ FASTING _____ PREPRANDIAL _____ 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

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 blood, EDTA; fasting or preprandial.	\$165
	Red Blood Cell Plasmalogen Content (screen for rhizomelic chondrodysplasia punctata)	82542	1.5 (bare minimum) - 3* ml whole blood, EDTA	\$165
	Plasma Total Lipid Fatty Acid Profile: C14 to C26 saturated, mono & polyunsaturated, (essential), trans and branched chain fatty acids, triene/tetraene ratio	82542	EDTA plasma/serum or 1-3 ml whole blood, EDTA; fasting or preprandial. Sample must be received by us within 48 hours of collection.	\$220
	Red Blood Cell Total Lipid Fatty Acid Profile: Includes C14 to C26 saturated, monounsaturated, polyunsaturated fatty acids w/ DHA and plasmalogens	82542	1.5 ml (bare minimum) – 3ml whole blood EDTA; fasting or preprandial. Sample must be received by us within 48 hours of collection	\$220
	Pipecolic Acid: Plasma <u>or</u> Urine (please indicate)	82542	1 ml EDTA plasma* <u>or</u> 5 ml cleanly collected 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	Plasma or Serum, minimum volume 0.1ml OR Fill at least one circle on newborn screening card (Whatman #10534612 Protein Saver 903) with either: _____ heel/finger stick whole blood OR _____ venous whole blood, EDTA SPECIFY ABOVE SOURCE of WHOLE BLOOD	\$100

Shipping: 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 plasma pipecolic acid and/or very long chain fatty acids and/or lysoPC are ordered at the same time, all tests may be performed on a single sample of 3 ml whole EDTA 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: _____

Exp Date: _____ Signature: _____ Printed Name: _____