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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 EDTA blood; fasting or preprandial.	\$165
	Red Blood Cell Plasmalogen Content (screen for rhizomelic chondrodysplasia punctata)	82542	1.5 (bare minimum) - 3* ml whole EDTA blood	\$165
	Plasma Total Lipid Fatty Acid Profile: C10 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 C10 to C26 saturated, monounsaturated, polyunsaturated fatty acids w/ DHA and plasmalogens	82542	1.5 ml (bare minimum) – 3ml 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 (please indicate)	82542	1 ml EDTA plasma* or 5 ml cleanly collected urine	\$250
	Plasma C26:0 lysophosphatidylcholine (lysoPC) (screen for peroxisomal disorders)	83789	Plasma or Serum, minimum volume 0.1ml	\$100
	Blood spot C26:0 lysophosphatidylcholine (lysoPC) (screen for peroxisomal disorders)	83789	Fill at least one circle on newborn screening card (Whatman #10534612 Protein Saver 903) with either: _____ heel/finger stick whole blood <u>OR</u> _____ venous whole blood SPECIFY ABOVE SOURCE of WHOLE BLOOD	\$100

Shipping: Blood should and plasma/serum samples may be sent ambient by overnight express. Urine should and plasma may be shipped on dry ice overnight express to arrive weekdays only. * If plasma pipecolic acid and/or plasmalogen content and/or very long chain fatty acids 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) on receipt of the sample.

**Billing: Credit Card Type: _____ Card Number: _____

Exp Date: _____ Signature: _____ Printed Name: _____