



Seattle Children's MRN	Seattle Children's Account #:	Processed By:	Date:
<b>FAILURE TO COMPLETE MAY DELAY RESULTS</b>			
Patient's Last Name	First	Middle	Birth date (required) Sex
Outside Patient Number	Outside Specimen Number	Send Report To:	
Ordering Provider:		Address:	
Provider Phone Number	DIAGNOSIS / ICD-9:	Phone/Fax:	

Healthcare professional to call for information/abnormal results: **NAME** (please print): \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**IMPORTANT INFORMATION REGARDING BILLING AND MEDICAL NECESSITY:**

\*ALL SAMPLES WILL BE BILLED TO THE REFERRING INSTITUTION UNLESS COMPLETE BILLING AND DIAGNOSIS INFORMATION IS PROVIDED ON THE BACK OF THIS FORM. CONTACT SEATTLE CHILDREN'S LABORATORY CLIENT SERVICES FOR ADDITIONAL ASSISTANCE. (206) 987-2617

**PHYSICIAN NOTIFICATION:** Only tests that you believe are appropriate for patient care should be ordered. Medicare/Medicaid will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.

**SPECIMEN INFORMATION:** Date collected: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **TYPE:**  Whole Blood  Serum / Plasma (circle one)  Urine  
Time collected: \_\_\_\_\_  Skin  Other \_\_\_\_\_

**BIOCHEMICAL GENETICS - BLOOD**

- ACYLCARNITINE PROFILE, BLOOD
- AMINO ACID, QUANTITATIVE
- SINGLE AMINO ACID, SPECIFY:
- ALPHA AMINO ADIPIIC ACID SEMIALDEHYDE (needs STAT processing)
- CARNITINE, PLASMA
- G-6-PD SCREEN
- GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE, QUANTITATIVE
- GALACTOSE-1-PHOSPHATE
- HOMOCYSTEINE (TOTAL), QUANTITATIVE
- MATERNAL CELL CONTAMINATION
- MSUD MONITORING
- NTBC (ORFADIN) LEVEL
- PHENYLALANINE/TYROSINE, QUANTITATIVE
- PIPECOLIC ACID
- VERY LONG CHAIN FATTY ACIDS

**LYSOSOMAL ENZYMES by DISEASE, WBC**

- CEROID LIPOFUSCINOSIS - CLN 1 (palmitoyl-protein thioesterase)
- CEROID LIPOFUSCINOSIS - CLN 2 (tripeptidyl peptidase)
- FABRY (alpha-galactosidase)
- FUCOSIDOSIS (alpha-fucosidase)
- GAUCHER (beta-glucosidase)
- GM1 GANGLIOSIDOSIS (beta-galactosidase)
- HURLER (alpha-iduronidase)
- MANNOSIDOSIS (alpha-mannosidase)
- MANNOSIDOSIS (beta-mannosidase)
- MAROTEAX-LAMY (Arylsulfatase B)
- MLD (Arylsulfatase A)
- POMPE (alpha-glucosidase, acid maltase)
- SLY (beta-glucuronidase)

**BIOCHEMICAL GENETICS - URINE**

- AMINO ACIDS, QUANTITATIVE URINE
- CARNITINE, URINE
- CYSTINE, QUANTITATIVE URINE
- HOMOCYSTEINE, QUANTITATIVE URINE
- METABOLIC SCREEN, URINE
- MUCOPOLYSACCHARIDE, QUANTITATIVE URINE
- OLIGOSACCHARIDES, URINE
- ORGANIC ACIDS, URINE
- OROTIC ACID, URINE
- SUCCINYLACETONE SCREENING, URINE
- SUCCINYLACETONE QUANTITATION, URINE
- SULFHYDRYL GROUPS, QUALITATIVE URINE
- SULFITE, DIPSTICK URINE

**LYSOSOMAL ENZYMES by DISEASE, SERUM**

- BIOTINIDASE, SERUM (Quantitative)
- I-CELL DISEASE (Arylsulfatase A / Hexosaminidase)
- GM2 GANGLIOSIDOSIS (TAY SACHS) (Hexosaminidase, %A) SERUM

**BIOCHEMICAL GENETICS - FIBROBLASTS/TISSUE**

- FIBROBLAST CULTURE
  - LYSOSOMAL ENZYME, FIBROBLAST  
SPECIFY: \_\_\_\_\_
- OTHER:**  
\_\_\_\_\_  
\_\_\_\_\_

**PATIENT INFORMATION**

**CURRENT DIET:** \_\_\_\_\_

**DRUGS ADMINISTERED WITHIN PREVIOUS 72 HOURS:** \_\_\_\_\_

**PATIENT HISTORY:**  Liver Disease  Metabolic Disease  Other: \_\_\_\_\_  
 Retardation  Renal Disease  Seizures \_\_\_\_\_

**CLINICAL HISTORY / REASON FOR SUBMITTING SAMPLE:** \_\_\_\_\_

## BILLING INFORMATION

- BILL TO:**  Referring Institution (Preferred) - Provide billing address if different from report address  
 Institutional billing will be done for all patients with Medicare except for established Seattle Children's patients
- Insurance (Attach front and back copy of card)  DSHS (Only Alaska, Idaho, Montana & Washington accepted)
- Patient - please provide credit card information below or enclose a check

Guarantor		Relationship to Patient	
Address			
Address (if different from patient's)			
Phone Number		Employer	
Insurance Company/Medical Coverage			
Claims Address			
Phone Number		Group Number	
Subscriber		Subscriber DOB	
Primary Care Physician		Phone Number	
Name on Credit Card		Amount of Payment	
Card Number		Card Type	Expiration

### SPECIMEN REQUIREMENTS

**COMPLETE SPECIMEN REQUIREMENTS FOR TESTS PERFORMED BY SEATTLE CHILDREN'S ARE AVAILABLE AT [www.seattlechildrens.org/labman](http://www.seattlechildrens.org/labman)**

<b>ACYLCARNITINE PROFILE</b>	Preferred specimen - 0.5 mL heparinized plasma or serum, frozen. Also acceptable - 4-5 circles on a newborn screening card.
<b>ALPHA AMINO ADIPIC ACID SEMIALDEHYDE</b>	Preferred specimen - 0.5 mL heparinized plasma, <b>MUST BE FROZEN WITHIN 1 HOUR OF COLLECTION.</b> Store and ship frozen.
<b>QUANTITATIVE AMINO ACIDS</b>	0.5 mL heparinized plasma. Freeze for shipment. Can also be performed on serum (if processed quickly), urine, CSF, and other body fluids. Call Biochemical Genetics Lab (206) 987-2216 for additional information.
<b>CEROID LIPOFUSCINOSIS (CLN1 &amp; CLN2)</b>	10mL ACD or heparinized whole blood. SHIP AT ROOM TEMP - LABORATORY MUST RECEIVE SPECIMEN WITHIN 24 HRS OF COLLECTION, MON - THURS. Also acceptable, 3-4 circles on a newborn screening card or cultured fibroblasts.
<b>GALACTOSE-1-PHOSPHATE</b>	2 mL heparinized blood - spin immediately, remove plasma and wash red cells three times in 0.9% saline solution. Centrifuge and remove saline (x3). Freeze washed RBCs IMMEDIATELY at -70°C. Same sample can be used for galactose-1-phosphate uridyl transferase.
<b>GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUANTITATIVE</b>	2 mL heparinized whole blood - store and ship refrigerated (stable for one week).
<b>G-6-PD SCREEN</b>	0.5 mL heparinized whole blood - KEEP COLD, DO NOT FREEZE.
<b>MSUD</b>	0.5 mL heparinized plasma. Freeze for shipment.
<b>METABOLIC SCREEN</b>	Minimum of 7 mL urine. Freeze for shipment.
<b>ORGANIC ACIDS</b>	5 mL urine. Freeze for shipment.
<b>PHENYLALANINE / TYROSINE</b>	0.5 mL heparinized plasma or serum.
<b>GM2 GANGLIOSIDOSIS (HEXOAMINIDASE, %A)</b>	1 mL frozen serum.
<b>VERY LONG CHAIN FATTY ACIDS &amp; PIPECOLIC ACID</b>	1-2 mLs EDTA Plasma preferred. Serum and heparinized plasma acceptable. Store and ship frozen.
<b>WBC LYSOSOMAL ENZYME</b>	10 mL ACD or heparinized whole blood. SHIP AT ROOM TEMP TO ARRIVE MON-FRI. Please contact Biochemical Genetics Lab (206) 987-2216 before sending. LABORATORY MUST RECEIVE SPECIMEN WITHIN 24 HOURS OF COLLECTION.

#### The following Lysosomal Enzymes are available on white blood cells (WBC) or fibroblasts

- |                        |                       |                    |                      |
|------------------------|-----------------------|--------------------|----------------------|
| • Total Hexosaminidase | • alpha-Galactosidase | • beta-Mannosidase | • beta-Galactosidase |
| • Arylsulfatase A      | • alpha-Glucosidase   | • alpha-Fucosidase | • alpha-Iduronidase  |
| • alpha-Mannosidase    | • beta-Glucuronidase  | • beta-Glucosidase |                      |

**If you have questions or wish to consult the staff about the testing or specimen requirements, please call:**

Dr. Sihoun Hahn, MD PhD (206) 987-7610

Dr. Rhona Jack, PhD (206) 987-2569

Biochemical Genetics Lab (206) 987-2216

**SEND SPECIMENS TO:**

**SEATTLE CHILDREN'S HOSPITAL  
 4800 SAND POINT WAY NE, LABORATORY A-6901  
 SEATTLE, WA 98105  
 (206) 987-2102**