

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)
Outside Patient Number	Outside Specimen Number	Send Report To:	
Referring Provider:		Address:	
Provider Phone Number	<b>DIAGNOSIS / ICD-9:</b>	Phone/Fax:	

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

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

**BIOCHEMICAL GENETICS - BLOOD**

- ACYLCARN B  Acylcarnitine Profile, Blood
- AAQNT  Amino Acid, Quantitative
- AA1MISC  Single Amino Acid, SPECIFY: \_\_\_\_\_
- CDT  Carbohydrate Deficient Transferrin (Transferrin Isoelectric Focusing)
- CARNITINE  Carnitine, Plasma
- G6PD SC  G-6-PD Screen
- G1PUT QNT  Galactose-1-Phosphate Uridyl Transferase, Quantitative
- GAL1P  Galactose-1-Phosphate
- HCYS  Homocysteine (total), Quantitative
- MATCONTAM  Maternal Cell Contamination
- MSUD  MSUD Monitoring
- PHE/TYR  Phenylalanine / Tyrosine, Quantitative
- NTBC  NTBC (Orfadin) Level
- VLCFA  Very Long Chain Fatty Acids

**LYSOSOMAL ENZYMES by DISEASE, WBC**

- PPT ENZ  CEROID LIPOFUSCINOSIS - CLN 1 (palmitoyl-protein thioesterase)
- TPP  CEROID LIPOFUSCINOSIS - CLN 2 (tripeptidyl peptidase)
- LE WBC  FABRY (alpha-galactosidase)
- LE WBC  FUCOSIDOSIS (alpha-fucosidase)
- B GLU  GAUCHER (beta-glucosidase)
- B GAL  GM1 GANGLIOSIDOSIS (beta-galactosidase)
- LE WBC  HURLER (alpha-iduronidase)
- KRABBE  KRABBE (beta-galactocerebrosidase)
- LE WBC  MANNOSIDOSIS (alpha-mannosidase)
- LE WBC  MANNOSIDOSIS (beta-mannosidase)
- LE WBC  MAROTEAX-LAMY (Arylsulfatase B)
- ARYL A  MLD (Arylsulfatase A)
- A GLU  POMPE (alpha-glucosidase, acid maltase)
- LE WBC  SLY (beta-glucuronidase)

**BIOCHEMICAL GENETICS - URINE**

- AAQNT FL  Amino Acids, Quantitative Urine
- CARNITINE U  Carnitine, Urine
- CRT GUAN U  Creatine/Guanidinoacetate, Urine
- AA1MISC  Cystine, Quantitative Urine
- AA1MISC  Homocysteine, Quantitative Urine
- MET SCR  Metabolic Screen, Urine
- MPS QNT  Mucopolysaccharide, Quantitative Urine
- OLI U  Oligosaccharides, Urine
- ORG ACIDS  Organic Acids, Urine
- ORG ACIDS  Orotic Acid, Urine
- SUAC  Succinylacetone Screening, Urine
- TYR OA  Succinylacetone Quantitation, Urine
- SH QUAL  Sulfhydryl Groups, Qualitative Urine
- SULFITE U  Sulfite, Dipstick Urine

**LYSOSOMAL ENZYMES by DISEASE, SERUM**

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

**BIOCHEMICAL GENETICS - FIBROBLASTS/TISSUE**

- CH-SKIN  Fibroblast Culture
- LE FIB  Lysosomal Enzyme, Fibroblast  
Specify: \_\_\_\_\_
- NKH  NONKETOTIC HYPERGLYCINEMIA, Liver

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

## IMPORTANT INFORMATION REGARDING BILLING AND MEDICAL NECESSITY:

ALL SAMPLES WILL BE BILLED TO THE REFERRING INSTITUTION UNLESS COMPLETE BILLING AND DIAGNOSIS INFORMATION IS PROVIDED.

CONTACT SEATTLE CHILDREN'S LABORATORY COMMUNITY SERVICE COORDINATOR FOR ADDITIONAL ASSISTANCE. (206) 987-2102.

**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.

**BILL TO:**     Patient                       Insurance (attach copy of card)                       DSHS (attach coupon)                      Alaska, Idaho, Montana & Washington only  
                   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

Guarantor/Insurance Subscriber	
Subscriber Date of Birth	Relationship to patient
Address	
Phone Number	Employer
Insurance Company/Medical Coverage (Copy both sides of insurance card)	

## SPECIMEN REQUIREMENTS

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

ACYLCARNITINE PROFILE	Preferred specimen - 0.5 mL heparinized plasma or serum, frozen. Also acceptable - 4-5 circles on a newborn screening card.
QUANTITATIVE AMINO ACIDS	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.
CEROID LIPOFUSCINOSIS (CLN1 & CLN2)	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.
GALACTOSE-1-PHOSPHATE	2 mL heparinized blood - spin immediately, remove plasma and wash red cells three times in 0.9% saline solution. Freeze washed RBCs IMMEDIATELY at -70°C.
GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUANTITATIVE	2 mL heparinized whole blood - store and ship refrigerated (stable for one week).
G-6-PD SCREEN	0.5 mL heparinized whole blood - KEEP COLD, DO <u>NOT</u> FREEZE.
MSUD	0.5 mL heparinized plasma. Freeze for shipment.
METABOLIC SCREEN	Minimum of 7 mL urine. Freeze for shipment.
ORGANIC ACIDS	5 mL urine. Acidify with 2 drops 6 N HCl or freeze for shipment.
PHENYLALANINE / TYROSINE	0.5 mL heparinized plasma or serum. Blood spots on filter paper card acceptable for difficult draws.
GM2 GANGLIOSIDOSIS (HEXOAMINIDASE, %A)	1 mL frozen serum.
VERY LONG CHAIN FATTY ACIDS	1-2 mLs EDTA Plasma preferred. Serum and heparinized plasma acceptable. Store and ship frozen.
WBC LYSOSOMAL ENZYME	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

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

These available on fibroblasts only

- Neuramidase
- Sphingomyelinase

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. Ronald Scott, MD (206) 543-3370  
 Dr. Rhona Jack, PhD (206) 987-2569, (206) 987-2216

Send specimens to:	SEATTLE CHILDREN'S 4800 Sand Point Way NE - Laboratory A-6901 Seattle, WA 98105 (206) 987-2102
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