



Biochemical Genetic Request Form

106 Gregor Mendel Circle • Greenwood, SC 29646

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Website: www.ggc.org **Highlighted boxes are required**

LAB USE ONLY

Patient Information (Please Print):

Last Name		First	MI	Address		
Race <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Other:		Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB	City, State, Zip		
Specimen Collection Date	Type of specimen	ICD9 Code	Medical records #	Home telephone		SS #
Clinical indication/Relevant meds				LMP (if applicable)	EDC (if applicable)	Gestational Age (if applicable)

Referring Physician:

Name		Address	
Institution		City, State, Zip	
NPI#	Telephone	Fax	

Genetic Counselor / Additional report to:

Name		Address	
Telephone	Fax	City, State, Zip	

Billing: For in-state insurance billing, include copy of card and insured's name, DOB, and relationship to patient.

We DO NOT bill out-of-state patients or insurance companies. We accept institutional billing or check/Visa/MasterCard.

Institution/Organization		Telephone	Fax
Address		City, State, Zip	
MasterCard #	Visa # (circle one)	Exp. Date	Signature
			Auth/Precert #

Sample and shipping requirements

Serum – Red top tube, spin down and send frozen
Urine – Send frozen
Plasma – Sodium heparin (green top) tube. Ship overnight or spin down and send frozen
Leukocytes – Blood in sodium heparin (green top) tube, Must arrive within 24 hours of draw

ANALYTE STUDIES

- Acylcarnitine profile – plasma
- Amino acids – plasma (quantitative)
- Amino acids – urine (quantitative)
- C5-DC (glutaryl carnitine) - urine
- Carnitine, total and free – plasma
- Creatine – urine (Creatine transporter only)
- Creatine/GAA – urine (Creatine biosynthesis disorders)
- Creatine/GAA – plasma (Creatine biosynthesis disorders)
- Creatine kinase – serum
- Galactose-1-phosphate (red blood cells, sodium heparin tube)
- Homocysteine – plasma
- Metabolic screen – urine
- MPS electrophoresis – urine
- Oligosaccharide chromatography – urine
- Organic acids – urine
- Orotic acid – urine
- Sialic acid, total and free – urine
- Transferrin isoelectric focusing – serum (Carbohydrate deficient glycoprotein testing)
- Tryptophan – plasma
- DNA Banking
- Other _____

ENZYME STUDIES

L=Leukocytes, F=Fibroblasts, P=Plasma, S=Serum

- Biotinidase deficiency (biotinidase) P,S
- Congenital Disorders of Glycosylation (CDG), Ia and Ib panel L,F
 - CDG Ia (phosphomannomutase)
 - CDG Ib (phosphomannose isomerase)
- Hunter syndrome, MPS II (Iduronate-2-sulfatase) L,P,F
- Hydrops panel (* enzymes included) F
- Krabbe disease (galactocerebrosidase) L,F
- Lysosomal panel (includes eight enzymes listed below) L,F
 - Alpha mannosidosis (α-mannosidase)
 - Beta mannosidosis (β-mannosidase)
 - Fabry disease (α-galactosidase)
 - Fucosidosis (α-fucosidase)
 - Gaucher disease (β-glucosidase)*
 - GM 1 gangliosidosis/Morquio B (β-galactosidase)*
 - Hurler syndrome, MPS I (α-iduronidase)
 - Sly syndrome, MPS VII (β-glucuronidase)*
- Maroteaux Lamy syndrome, MPS VI (arylsulfatase B) L,F
- Metachromatic leukodystrophy (arylsulfatase A) L,F
- Morquio syndrome panel, MPS IV, types A and B L,F
 - Morquio, type A (galactosamine-6-sulfatase)
 - Morquio, type B (β-galactosidase)
- Mucopolipidosis II / III (Plasma screen) P
- Mucopolysaccharidosis (MPS) Panel – send two green tops L,F
(includes MPS I, II, III A-D, IV A and B, VI and VII)
- Pompe disease (α-1,4-glucosidase) L,F
- Sanfilippo syndrome panel, MPS III, types A,B,C and D L,F
 - Sanfilippo A (heparin sulfamidase) L,F
 - Sanfilippo B (N-acetyl-α-glucosaminidase) P,F
 - Sanfilippo C (Acetyl CoA:glucosaminidase N-acetyltransferase) L,F
 - Sanfilippo D (N-acetyl glucosamine-6-sulfatase) L,F
- Sialidosis (α-neuraminidase, sialidase)* F

For molecular testing of metabolic genes, please complete a Molecular Laboratory Request Form. Prenatal molecular studies require prior approval. Please contact the lab for specimen requirements.