



Patient's Last Name	First	Middle	Birth date (required)	Sex
Outside Patient Number	Outside Specimen Number	Send Report To		
Ordering Provider	Address			
Phone Number	Diagnosis/ICD Code	Phone/Fax		

**REQUIRED SPECIMEN INFORMATION:**

DATE COLLECTED: \_\_\_\_/\_\_\_\_/\_\_\_\_  Whole Blood  Serum/Plasma  Urine  
 TIME COLLECTED: \_\_\_\_:\_\_\_\_ AM/PM  Skin  Other \_\_\_\_\_

**BLOOD**

- |   |   |
|---|---|
| <input type="checkbox"/> ACYLCARNITINE PROFILE, BLOOD                           | <input type="checkbox"/> HOMOCYSTEINE (TOTAL), QUANTITATIVE               |
| <input type="checkbox"/> AMINO ACID, QUANTITATIVE                               | <input type="checkbox"/> METHYLMALONIC ACID, QUANTITATIVE                 |
| <input type="checkbox"/> SINGLE AMINO ACID, SPECIFY:                            | <input type="checkbox"/> MSUD MONITORING                                  |
| <input type="checkbox"/> ALPHA-AMINOADIPIC SEMIALDEHYDE (needs STAT processing) | <input type="checkbox"/> NTBC (ORFADIN) LEVEL                             |
| <input type="checkbox"/> CARNITINE, PLASMA                                      | <input type="checkbox"/> PHENYLALANINE/TYROSINE, QUANTITATIVE             |
| <input type="checkbox"/> G-6-PD SCREEN  | <input type="checkbox"/> PIPECOLIC ACID                                   |
| <input type="checkbox"/> GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE, QUANTITATIVE | <input type="checkbox"/> VERY LONG CHAIN FATTY ACIDS, PHYTANIC, PRISTANIC |
| <input type="checkbox"/> GALACTOSE-1-PHOSPHATE                                  | <input type="checkbox"/> BIOTINIDASE                                      |

**LYSOSOMAL ENZYMES by DISEASE**

- |   |  |
|---|--|
| <input type="checkbox"/> CEROID LIPOFUSCINOSIS-CLN1 (palmitoyl-protein thioesterase) (L,F, DBS) | <input type="checkbox"/> MORQUIO (galactose-6-sulfatase, MPS IVa) (L, F)                 |
| <input type="checkbox"/> CEROID LIPOFUSCINOSIS-CLN2 (tripeptidyl peptidase) (L, F, DBS)         | <input type="checkbox"/> I CELL DISEASE (Hexosaminidase, A&B, Arylsulfatase A) (S, P)    |
| <input type="checkbox"/> FABRY (alpha-galactosidase) (L, F, DBS)                                | <input type="checkbox"/> MANNOSIDOSIS (alpha-mannosidase) (L,F)                          |
| <input type="checkbox"/> FUCOSIDOSIS (alpha-fucosidase) (L, F)                                  | <input type="checkbox"/> MANNOSIDOSIS (beta-mannosidase) (L,F)                           |
| <input type="checkbox"/> GAUCHER (beta-glucosidase) (L, F)                                      | <input type="checkbox"/> MAROTEAX-LAMY (Arylsulfatase B) (L,F)                           |
| <input type="checkbox"/> GM1 GANGLIOSIDOSIS (beta-galactosidase) (L, F)                         | <input type="checkbox"/> MLD (Arylsulfatase A) (L,F)                                     |
| <input type="checkbox"/> GM2 GANGLIOSIDOSIS (TAY SACHS, Sandhoff) (Hexosaminidase, A+B) (F, S)  | <input type="checkbox"/> POMPE (alpha-glucosidase, acid maltase) (F, DBS)                |
| <input type="checkbox"/> HUNTER (Iduronate-2-sulfatase) (S,P)                                   | <input type="checkbox"/> SLY (beta-glucuronidase) (L,F)                                  |
| <input type="checkbox"/> HURLER (alpha-iduronidase) (L, F)                                      | <input type="checkbox"/> WOLMAN, CHOLESTERYL ESTER STORAGE (lysosomal acid lipase) (DBS) |
| <input type="checkbox"/> KRABBE (galactocerebrosidase) (L, F)                                   |  |

**F=Fibroblasts DBS=Dried Blood Spot L=Leukocytes M=Muscle P=Plasma S=Serum**

**FIBROBLASTS/TISSUE**

- |  |  |
|--|--|
| <input type="checkbox"/> FIBROBLAST CULTURE                                  | <input type="checkbox"/> LYSOSOMAL ENZYME, FIBROBLAST-SPECIFY: |
| <input type="checkbox"/> MITOCHONDRIAL RESPIRATORY CHAIN ENZYME ANALYSIS (M) |  |

**URINE**

- |   |   |
|---|---|
| <input type="checkbox"/> AMINO ACIDS, QUANTITATIVE URINE        | <input type="checkbox"/> ORGANIC ACIDS, URINE                 |
| <input type="checkbox"/> CARNITINE, URINE                       | <input type="checkbox"/> SUCCINYLLACETONE SCREENING, URINE    |
| <input type="checkbox"/> CYSTINE, QUANTITATIVE URINE            | <input type="checkbox"/> SUCCINYLLACETONE QUANTITATION, URINE |
| <input type="checkbox"/> MUCOPOLYSACCHARIDE, QUANTITATIVE URINE | <input type="checkbox"/> SULFHYDRYL GROUPS, QUALITATIVE URINE |
|   | <input type="checkbox"/> SULFITE, DIPSTICK URINE              |

**PATIENT INFORMATION**

CURRENT DIET:

DRUGS ADMINISTERED WITHIN PREVIOUS 72 HOURS:

PATIENT HISTORY:  Seizures  Metabolic Disease  Developmental Delay  Renal Disease  Liver Disease  Hepatomegaly  Dyslipidemia  
 Other: \_\_\_\_\_

CLINICAL HISTORY/REASON FOR SUBMITTING SAMPLE:

\_\_\_\_\_