



Specimens: Blue: Lav: Red: SST: Grn: Gray: Urine Micro:
Collect Date: Time: By: Depot: ABN Signed: ☐
MR #: A #:

STAT

REQUIRED (PRINT OR PATIENT LABEL)

Name (Last, First, MI)
Date of Birth Sex: (circle) M F
Street Address
Street Address 2
City, State, Zip
Phone Number Client Number

Indicate primary (1) and secondary (2) insurance

Blue Cross/Shield Child Health Plus MVP
Blue Choice Medicaid MVPG
Medicare Blue Choice Medicare Aetna
Other

1. Primary Contract #: _____
Subscriber's Name: _____
Relationship to Subscriber: _____
2. Secondary Contract _____
Subscriber's Name: _____
Relationship to Subscriber: _____

Practice Name _____
Address _____
Address2 _____
City, State, Zip _____
Phone# _____
Ordering Provider _____

Phone Results to: Fax Results to:
Ordering Provider's Signature
Date of Signature
Diagnosis Mandatory: Signs/Symptoms or ICD9 Codes
If ordered for screening, list test name here and write "SCREENING" after it
Send Additional Reports To: (Full Name/Address)
Compliance is Mandatory and Regulated. For the laboratory to bill properly and receive payment for tests ordered on Medicare Beneficiaries, specific ICD-9 code(s) or a descriptive diagnosis must be included on each patient for each test ordered. It is critical that the diagnosis provided to the lab is consistent with those recorded in the patient medical record on the date of service.

Patient History Mandatory

Chief Complaint/Diagnosis:
Clinical History/Relevant Family History:
Current Medications: (list all drugs taken in last 4 days)
Current Diet/Supplementation Time of last meal:

BIOCHEMICAL GENETICS (275-8483)

33526 ☐ Amino Acid Analysis, Quantitative Green On Ice
27152 ☐ Glycine Profile for NKH Green On Ice
(Amino Acid Analysis, Quant. & Glycine, CSF) CSF On Ice
48033 ☐ MSUD Profile, Quant. Green On Ice
(Valine, Allo-Isoleucine, Isoleucine, and Leucine)
45828 ☐ PKU Profile Whole Blood Filter Card
45830 ☐ PKU Profile, Plasma Green on Ice NA Heparin
44418 ☐ Ammonia Lavender On Ice
☐ Other: _____
15835 ☐ Amino Acids, Urine, Quantitative Urine On Ice
(includes Creatinine) MINIMUM: 2.0 ml, PREFERRED: 5 ml
17326 ☐ Organic Acid, Urine, Qualitative by GC/MS Urine On Ice
(includes Creatinine) MINIMUM: 4.0 ml, PREFERRED: 10 ml

REFERENCE LAB TESTS (350-2657)

(01) NYS APPROVAL REQUIRED PRIOR TO SPECIMEN COLLECTION
(02) SPECIAL FORM FROM PERFORMING LAB REQUIRED
(03) SAMPLES MUST BE DRAWN MON-WED/MUST BE SHIPPED SAME DAY AS COLLECTED

REFERENCE TESTING REQUIRES SUBSPECIALTY- PHYSICIAN'S SIGNATURE

BLOOD	29008 <input type="checkbox"/>	Acylcarnitine	<u>Green On Ice</u>
	32221 <input type="checkbox"/>	Carbohydrate Deficient Transferrin (CDG)	<u>Red On Ice</u>
	40000 <input type="checkbox"/>	Carboxylase (02, 03), Control req'd	<u>Yellow ACD-A</u>
	30308 <input type="checkbox"/>	Carnitine Free & Total	<u>Green On Ice</u>
	17756 <input type="checkbox"/>	Galactose 1 PO4 (02, 03)	<u>Green</u>
	19979 <input type="checkbox"/>	Gal 1 Uridyl Transferase	<u>Lav On Ice</u>
	31309 <input type="checkbox"/>	Glutaric Acid, Plasma (01)	<u>Green On Ice</u>
	46376 <input type="checkbox"/>	Guanidinoacetate (GAMT)	<u>Green On Ice</u>
	44462 <input type="checkbox"/>	Lysosomal Enzyme (02, 03)	<u>Green Rm Temp</u>
	20538 <input type="checkbox"/>	Methylmalonic Acid, Serum	<u>SST On Ice</u>
URINE	17502 <input type="checkbox"/>	PKU CoFactor	<u>Filter Paper</u>
	46268 <input type="checkbox"/>	7-Dehydrocholesterol (01)	<u>Lav</u>
	20137 <input type="checkbox"/>	Fatty Acid Profile, Peroxisomal (C22-C26)	<u>SST On Ice</u>
	23962 <input type="checkbox"/>	Fatty Acid Profile, Essential (C12-C24)	<u>SST On Ice</u>
	34008 <input type="checkbox"/>	Acylglycine	<u>Urine On Ice</u>
	19762 <input type="checkbox"/>	Galactitol	<u>Urine On Ice</u>
	44546 <input type="checkbox"/>	Glutaric Acid, Urine (01)	<u>Urine On Ice</u>
	13304 <input type="checkbox"/>	Methylmalonic Acid, Urine	<u>Urine On Ice</u>
	23049 <input type="checkbox"/>	Mucopolysaccharides (01)	<u>Urine On Ice</u>
	36586 <input type="checkbox"/>	Oligosaccharides (01)	<u>Urine On Ice</u>
	42704 <input type="checkbox"/>	S-Sulfocysteine	<u>Urine On Ice</u>
	26725 <input type="checkbox"/>	Sialic Acid	<u>Urine On Ice</u>
	24251 <input type="checkbox"/>	Trimethylamine (01)	<u>Urine On Ice</u>

SKIN FIBROBLASTS (01) NYS APPROVAL REQ'D PRIOR TO SPECIMEN COLLECTION

24514 ☐ Carnitine Transport (01)
44177 ☐ Ketolytic Enzymes (01)
12988 ☐ Pyruvate Dehydrogenase (01)

BIOPSY

☐ Muscle: _____
☐ Liver: _____