



BIOCHEMICAL GENETICS LABORATORY
THE CLAIR BURGNER CLINICAL
RESEARCH DIAGNOSTIC UNIT
 PEDIATRICS — CTF BLDG., ROOM B-213
 UNIVERSITY OF CALIFORNIA, SAN DIEGO
 212 DICKINSON ST. — SAN DIEGO, CA 92103
 (619) 543-5260 — FAX (619) 543-3565
 LAB DIRECTOR: B.A. BARSHOP, M.D.,PH.D.

PATIENT'S NAME	
DATE OF BIRTH	SEX: M F
ID #	
<input type="checkbox"/> INPATIENT	<input type="checkbox"/> OUTPATIENT

UCSD LAB USE ONLY	DATE/TIME RECEIVED	UCSD PATIENT ID #	UCSD SAMPLE #
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PHYSICIAN INFORMATION REQUIRED FOR BILLING PURPOSES (NONCOMPLIANCE COULD RESULT IN A DELAY OF RESULTS)

REQUESTING PHYSICIAN	STATE LICENSE #	UPIN #
RESULTS ADDRESS	BILLING ADDRESS (WE DO NOT BILL INSURANCE COMPANIES OR PATIENTS)	
TELEPHONE	TELEPHONE	

TEST REQUESTED

URINE	COLLECTION DATE	TIME	UCSD LAB USE ONLY	UCSD SAMPLE #
<input type="checkbox"/> SUCCINYLPURINE SCREEN-HPLC <input type="checkbox"/> OXYPURINE <input type="checkbox"/> OTHER _____				

SPECIAL	COLLECTION DATE	TIME	UCSD LAB USE ONLY	UCSD SAMPLE #
<input type="checkbox"/> OTHER _____				

WHOLE BLOOD	COLLECTION DATE	TIME	UCSD LAB USE ONLY	UCSD SAMPLE #
ACD TUBE ONLY AND CONTROL IS REQUIRED FOR ALL LYMPHOCYTE STUDIES <input type="checkbox"/> HOLOCARBOXYLASE SYNTHETASE IN LYMPHOCYTES (10 ML) <input type="checkbox"/> OTHER _____				

OTHER	COLLECTION DATE	TIME	UCSD LAB USE ONLY	UCSD SAMPLE #
<input type="checkbox"/> HGPRT (Specify source: fibroblasts or amniocytes or chorionic villi) <input type="checkbox"/> HGPRT IN HAIR ROOTS (Carrier testing)				
<input type="checkbox"/> ESTABLISH FIBROBLAST CULTURE <input type="checkbox"/> FIBROBLAST/AMNIOCYTE CONTINUED CULTURE <input type="checkbox"/> FIBROBLAST/AMNIOCYTE STORAGE <input type="checkbox"/> FIBROBLAST/AMNIOCYTE RECULTURED FROM STORAGE				
<input type="checkbox"/> HOLOCARBOXYLASE SYNTHETASE (Specify source: fibroblasts or amniocytes) <input type="checkbox"/> OTHER _____				

TO ASSIST IN INTERPRETATION

PLEASE PROVIDE ANY RELEVANT CLINICAL HISTORY AND THERAPY INFORMATION