BIOCHEMICAL GENETICS/CYSTINE LAB
PEDIATRICS, CTFB BLDG., RM. 213
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CLIA ID: 05D0643075 TAX ID: 33-0833316 NPI ID: 1932264413

PATIENT NAME: _____

DATE OF BIRTH: _____ SEX: M F

PATIENT ID #: _____

❑ INPATIENT ❑ OUTPATIENT

UCSD LAB USE ONLY	*LOC CODE:*	*UCSD SAMPLE #:*	*DATE/TIME RECEIVED:*

1. PHYSICIAN INFORMATION REQUIRED FOR BILLING PURPOSES

REQUESTING PHYSICIAN:	STATE LICENSE #:	UPIN #:

RESULTS ADDRESS	**BILLING ADDRESS** (WE DO NOT BILL PATIENTS OR INSURANCE)
NAME:	NAME:
HOSPITAL:	HOSPITAL:
STREET: CITY: STATE: ZIP:	STREET: CITY: STATE: ZIP:
PHONE: FAX:	PHONE: FAX:

2. SAMPLE INFORMATION (ONLY ONE SPECIMEN TYPE PER REQUISITION, PLEASE)

COLLECTION DATE:	COLLECTION TIME: AM PM

SPECIMEN KEY:

U *- URINE*	***M*** *- MUSCLE*
P *- PLASMA*	***BS*** *- BLOODSPOT*
C *- CSF*	***F*** *- FIBROBLAST* ***BX*** *- SKIN BIOPSY*
B *- WHOLE BLOOD*	***WBC*** *- WHITE BLOOD CELLS*

3. TEST/SERVICE SELECTION

MARK THE TEST OR SERVICE YOU ARE REQUESTING AND ***CIRCLE*** *THE SPECIMEN TYPE (SEE SPECIMEN KEY AT RIGHT). PROVIDE ADDITIONAL REQUIRED INFORMATION AS REQUESTED AND CLINICAL HISTORY BELOW.*

ORGANIC ACIDS	*CIRCLE SPECIMEN TYPE*
❑ QUANTITATIVE ORGANIC ACIDS	U P C
❑ METHYLMALONIC ACID	U P
❑ N-ACETYLASPARTIC ACID	U
❑ OROTIC ACID	U
❑ SUCCINYLACETONE	U

CYSTINOSIS TESTING	
❑ CYSTINOSIS DIAGNOSIS (**CYSTINE ASSAY**)	B WBC
❑ CYSTINOSIS MONITORING (**CYSTINE ASSAY**) SELECT MEDICATION PATIENT IS TAKING ❑ CYSTAGON ❑ PROCYSBI	B WBC

(see www.cystinosiscentral.org for sample requirements, shipping and handling)

DATE, TIME OF LAST 2 DOSES OF MEDICATION **(REQUIRED FOR ALL CYSTINOSIS TESTING)**

DATE: _____ TIME: _____ AM PM

DATE: _____ TIME: _____ AM PM

AMINO ACIDS	*CIRCLE SPECIMEN TYPE*
❑ QUANTITATIVE AMINO ACIDS	U P C
❑ HOMOCYST(E)INE, TOTAL	P
❑ PKU PANEL (PHE/TYR)	BS

MISCELLANEOUS	*CIRCLE SPECIMEN TYPE*
❑ ACYLCARNITINE PROFILE	P
❑ CARBOXYLASES ENZYME ASSAY (PYRUVATE, PROPIONYL CoA, 3-METHYLCROTONYL CoA) ***CLINICAL HISTORY NEEDED FOR INTERPRETATION*** ***(SEE SECTION 4)***	B F
❑ CARNITINE, TOTAL, FREE	U P M
❑ HGPRT ENZYME ASSAY (LESCH-NYHAN DISEASE)	BS
❑ SUCCINYLPURINE SCREEN	U

BIOPSY/CELL CULTURE	*CIRCLE SPECIMEN TYPE*
❑ ESTABLISH FIBROBLAST CULTURE	BX
❑ FIBROBLAST CONTINUED CULTURE	F
❑ FIBROBLAST STORAGE	F
❑ FIBROBLAST RECULTURED FROM STORAGE	F

4. PROVIDE CLINICAL HISTORY TO ASSIST IN INTERPRETATION

CIRCLE THOSE THAT APPLY	DEVELOPMENTAL DELAY	HIGH LACTATE	KETONURIA	PKU
ABNORMAL NEWBORN SCREENING RESULTS	DIABETES	HPRT; LESCH-NYHAN	KIDNEY DISEASE	SEIZURES
ACIDOSIS	FATTY ACID OXIDATION DISORDER	HYPERAMMONEMIA	MITOCHONRIAL METABOLISM DISORDER	STROKES
CARNITINE PALMITOYL TRANSFERASE	FAILURE TO THRIVE	HYPEROXALURIA	METABOLIC DISORDER	UREA CYCLE DISORDER
COMA	HEARING LOSS	HYPERGLYCEMIA	LEIGH DISEASE	VOMITING
	HEART DISEASE/CARDIOMYOPATHY	HYPOTONIA	MSUD	

COMMENTS OR SPECIAL INSTRUCTIONS: