



**BIOCHEMICAL GENETICS LABORATORY**  
 PEDIATRICS, CTFB BLDG., RM. 213  
 UNIVERSITY OF CALIFORNIA, SAN DIEGO  
 212 DICKINSON ST. SAN DIEGO, CA 92103  
 PH: (619) 543-5260 FAX: (619) 543-3565  
 LAB DIRECTORS: B.A. BARSHOP, M.D., PhD.  
 AND W.L. NYHAN, M.D., PhD.

CLIA ID: 05D0643075 TAX ID: 33-0833316 NPI ID: 1932264413

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: M F

PATIENT ID #: \_\_\_\_\_

INPATIENT

OUTPATIENT

<b>UCSD LAB USE ONLY</b>	LOC CODE:	UCSD SAMPLE #:	DATE/TIME RECEIVED:
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**1. PHYSICIAN INFORMATION REQUIRED FOR BILLING PURPOSES**

REQUESTING PHYSICIAN:	STATE LICENSE #:	UPIN #:
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<b>RESULTS ADDRESS</b>				<b>BILLING ADDRESS (WE DO NOT BILL PATIENTS)</b>			
NAME:				NAME:			
HOSPITAL:				HOSPITAL:			
STREET:	CITY:	STATE:	ZIP:	STREET:	CITY:	STATE:	ZIP:
PHONE:	FAX:	PHONE:	FAX:	PHONE:	FAX:	PHONE:	FAX:

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

COLLECTION DATE:	COLLECTION TIME:	<b>SPECIMEN KEY:</b>
	AM PM	U - URINE M - MUSCLE SL - SALIVA P - PLASMA BS - BLOODSPOT SW - BUCCAL SWAB C - CSF F - FIBROBLAST BX - SKIN BIOPSY B - WHOLE BLOOD WC - 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.

<b>ORGANIC ACIDS</b>	<b>CIRCLE SPECIMEN TYPE</b>	<b>AMINO ACIDS</b>	<b>CIRCLE SPECIMEN TYPE</b>
<input type="checkbox"/> QUANTITATIVE ORGANIC ACIDS <b>COMPREHENSIVE</b>	U P C	<input type="checkbox"/> QUANTITATIVE AMINO ACIDS	U P C
<input type="checkbox"/> QUANTITATIVE ORGANIC ACIDS <b>SCREEN (LIMITED)</b>	U	<input type="checkbox"/> HOMOCYST(E)INE, TOTAL	P
<input type="checkbox"/> METHYLMALONIC ACID	U P	<input type="checkbox"/> PKU PANEL (PHE/TYR)	BS
<input type="checkbox"/> N-ACETYLASPARTIC ACID	U	<b>MISCELLANEOUS</b>	<b>CIRCLE SPECIMEN TYPE</b>
<input type="checkbox"/> OROTIC ACID	U	<input type="checkbox"/> ACYLCARNITINE PROFILE	P
<input type="checkbox"/> SUCCINYLACETONE	U	<input type="checkbox"/> CARBOXYLASES ENZYME ASSAY (PYRUVATE, PROPIONYL CoA, 3-METHYLCROTONYL CoA)	B F
<b>MOLECULAR DIAGNOSTICS</b>	<b>CIRCLE SPECIMEN TYPE</b>	<input type="checkbox"/> CARNITINE, TOTAL, FREE	U P M
<input type="checkbox"/> DNA EXTRACTION	B M SL SW	<input type="checkbox"/> COENZYME Q10	P M
<input type="checkbox"/> MCAD COMMON ALLELE (c.985 A→G)	B M	<input type="checkbox"/> HGPRT ENZYME ASSAY (LESCH-NYHAN DISEASE)	BS
<input type="checkbox"/> MITOCHONDRIAL DNA PANEL (INCLUDES POINT MUTATIONS AND SOUTHERN BLOT)	B M SL SW	<input type="checkbox"/> SUCCINYLPURINE SCREEN	U
<input type="checkbox"/> SINGLE POINT MUTATION <b>CHOOSE BELOW</b>	B M SL SW	<b>CYSTINE DETERMINATION</b>	<b>CIRCLE SPECIMEN TYPE</b>
<input type="checkbox"/> MELAS A3243G <input type="checkbox"/> MELAS T3271C		<input type="checkbox"/> STANDARD ASSAY (FOR PATIENTS ON CYSTEAMINE)	WC
<input type="checkbox"/> MERRF A8344G <input type="checkbox"/> MERRF T8356C		DATE, TIME OF LAST CYSTEAMINE ( <b>REQUIRED</b> )	
<input type="checkbox"/> NARP T8993G <input type="checkbox"/> NARP T8993C		DATE: _____ TIME: _____ AM PM	
<input type="checkbox"/> SOUTHERN BLOT	B M	<input type="checkbox"/> DIAGNOSTIC ASSAY (TO DIAGNOSE CYSTINOSIS)	WC
<b>BIOPSY/CELL CULTURE</b>	<b>CIRCLE SPECIMEN TYPE</b>	<b>CONTROL REQUIRED (NO CHARGE)</b>	
<input type="checkbox"/> ESTABLISH FIBROBLAST CULTURE	BX	CONTROL NEED NOT BE ETHNIC- OR AGE- MATCHED; MUST <b>NOT</b> BE A RELATIVE; MUST BE PREPARED IN PARALLEL WITH SAMPLE	
<input type="checkbox"/> FIBROBLAST CONTINUED CULTURE	F		
<input type="checkbox"/> FIBROBLAST STORAGE	F		
<input type="checkbox"/> FIBROBLAST RECULTURED FROM STORAGE	F		

**4. PROVIDE CLINICAL HISTORY TO ASSIST IN INTERPRETATION**

<b>CIRCLE THOSE THAT APPLY</b>	783.4 DEVELOPMENTAL DELAY	771.3 HIGH LACTATE	791.6 KETONURIA	270.1 PKU
796.6 ABNORMAL NEWBORN SCREENING RESULTS	250.0 DIABETES	277.2 HPRT; LESCH-NYHAN	593.9 KIDNEY DISEASE	780.3 SEIZURES
276.2 ACIDOSIS	277.85 FATTY ACID OXIDATION DISORDER	270.6 HYPERAMMONEMIA	277.87 MITOCHONRIAL METABOLISM DISORDER	435.9 STROKES
791.3 CARNITINE PALMITOYL TRANSFERASE	783.4 FAILURE TO THRIVE	271.8 HYPEROXALURIA	277.9 METABOLIC DISORDER	270.6 UREA CYCLE DISORDER
780.01 COMA	369.9 HEARING LOSS	251.2 HYPERGLYCEMIA	330.8 LEIGH DISEASE	787.03 VOMITING
	746.9 HEART DISEASE/CARDIOMYOPATHY	781.3 HYPOTONIA	270.3 MSUD	

**COMMENTS OR SPECIAL INSTRUCTIONS:**