

Cystine Determination Laboratory

University of California, San Diego
Dept. of Pediatrics
200 West Arbor Drive, #8209
San Diego, CA 92103-8209



REQUEST FOR ANALYSIS

(Complete and return with sample)

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

Sara Albanil, Clinical Lab Tech
Fax Number
Jerry A. Schneider, MD, FACMG

(619) 471-0426
(619) 471-0427
(858) 822-1400

Patient Name: _____

Date of Sample: _____

DOB: _____

(ALL PATIENT INFORMATION IS CONFIDENTIAL)

Requesting Physician _____
Physician's Signature _____ **Required ***
**Copy of lab test requisition signed by physician is acceptable*
Address: _____

Phone: _____
Fax: _____

Lab Contact _____
Laboratory _____

Address: _____

Phone: _____
Fax: _____

Send results to: ☐ Physician ☐ Lab

WBC INTRACELLULAR CYSTINE ASSAY (Select One)

☐ **STANDARD ASSAY** - White blood cells for monitoring cystinosis patients on Cystagon™

Time of blood draw: AM
PM

Time of last medication: AM
PM

(5-6 hours before blood draw is optimal)

☐ **DIAGNOSTIC ASSAY** - White blood cells for diagnosis of cystinosis and wbc normal control
Note: A normal control is required with diagnostic samples. There is no charge for the control sample.

- The control sample need not be an age or ethnic match, but **should not be a relative**.
- The control must be prepared in parallel with the diagnostic sample.

☐ **DIAGNOSTIC PRENATAL ASSAY** (Cystine Determination Lab must be contacted in advance)
____ Amniocyte
____ Chorionic Villus
Gestational age of fetus _____

For Prenatal or Neonatal Assay:

- Relationship to other cystinosis patient(s) → _____
- Please diagram pedigree below:

SHIPPING ADDRESS:

UCSD-CYSTINE DETERMINATION LAB
CTF-BLDG A ROOM202
210 DICKINSON ST.
SAN DIEGO, CA 92103
619 471-0426