

University of Colorado Denver (UCD)

**BIOCHEMICAL GENETICS
LABORATORY**
Department of Pediatrics

RC-1 North Rm. P18-4403C
12800 East 19th Avenue
Aurora, CO 80045

Phone: (303)724-3826

Fax: (303)724-3827

Web: www.uchsc.edu/bglab

PATIENT NAME:
DATE OF BIRTH:
FEMALE MALE

HOSPITAL NAME:
ADDRESS:

PHONE:
FAX:

PHYSICIAN:
COLLECTION DATE: TIME:

Please use only private shipping companies (UPS, FedEx, DHL, etc.) for all parcels containing specimens.
For letters mailed via the United States Postal Service, please replace 'RC-1 North Rm. P18-4403C' with 'Mail Stop 8313.'

CHECK TEST(S) REQUIRED

- | | |
|---|---|
| <input type="checkbox"/> Amino acids, serum* (QUANTITATIVE) | <input type="checkbox"/> Phytanic acid, serum* (quant.) |
| <input type="checkbox"/> Amino acids, urine (QUANTITATIVE) | <input type="checkbox"/> Benzoic acid, serum* (quant.) |
| <input type="checkbox"/> Amino acids, CSF (QUANTITATIVE) | <input type="checkbox"/> Succinylacetone, urine (quant.) |
| <input type="checkbox"/> Amino acid screen, serum* (qualitative) | <input type="checkbox"/> Orotic acid, urine (quant.) |
| <input type="checkbox"/> Amino acid screen, urine (qualitative) | <input type="checkbox"/> Phenylpropionylglycine/Hexanoylglycine, urine (quant.) |
| <input type="checkbox"/> Organic acid, urine (qual.) | <input type="checkbox"/> Glutaric & 3-hydroxy glutaric acids, serum* (quant.) |
| <input type="checkbox"/> Mucopolysaccharide screen, urine (qual.) | <input type="checkbox"/> Glutaric & 3-hydroxy glutaric acids, urine (quant.) |
| <input type="checkbox"/> Branch-chain amino acids, serum* (quant.) | <input type="checkbox"/> Methylmalonic acid, serum* (quant.) |
| <input type="checkbox"/> Alanine, serum* (quant.) | <input type="checkbox"/> Methylmalonic acid, urine (quant.) |
| <input type="checkbox"/> Methionine, serum* (quant.) | <input type="checkbox"/> Ethylmalonic acid, urine (quant.) |
| <input type="checkbox"/> Phenylalanine/Tyrosine, serum* (quant.) | <input type="checkbox"/> N-acetylaspartic acid, serum* (quant.) |
| <input type="checkbox"/> Glycine/Glutamine, CSF (quant.) | <input type="checkbox"/> Phosphethanolamine, urine (quant.) |
| <input type="checkbox"/> Acylcarnitines, plasma* (qual.) | <input type="checkbox"/> Expanded Newborn Screen |
| <input type="checkbox"/> Succinylpurines [Bratton-Marshall Test], urine (qual.) | <input type="checkbox"/> GAI enzyme assay |
| <input type="checkbox"/> Succinylpurines [Bratton-Marshall Test], CSF (qual.) | <input type="checkbox"/> GAI immunassay and enzyme assay |
| <input type="checkbox"/> Aspartylglucosamine, urine (qual.) | <input type="checkbox"/> VLCADD (VLCAD) enzyme assay |
| <input type="checkbox"/> S-sulfo-cysteine, urine (qual.) | |

Additional Comments:

* Serum or plasma accepted—the preferred specimen for each test is indicated above.
All plasma samples should be heparinized (collected in green-topped tubes).

**PLEASE NOTE: REFERRAL SOURCE IS RESPONSIBLE FOR PAYMENT.
WE DO NOT BILL PATIENTS OR THEIR INSURANCE COMPANIES.**

A printable version of this form is available online at www.uchsc.edu/bglab

Revised July 20, 2009