NATIONWIDE CHILDREN'S

Laboratory Services
Biochemical Genetics Laboratory
700 Children's Drive, Columbus, Ohio 43205
P: (614) 722-5477 / (800) 934-6575
F: (614) 722-5478 / (877) 722-5478
NationwideChildrens.org/Lab

Ship samples to the CPA Lab , Room C1955

Practice/ Office Name: _____
Address: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

Please Mark Billing Option:
Patient Bill: ____ **/ Client Bill** ____

BIOCHEMICAL GENETICS

Patient Information	
Legal Last Name:	
First Name:	MI:
MRN/ Patient ID:	
DOB:	
Address:	
City, State, Zip:	
Phone #: ( )	
Race:	
Ethnicity:	
Sex: [ ] Male [ ] Female [ ]	

Specimen Information	
Collection Date:	Time: [ ] AM [ ] PM
Collected By (full name):	
Storage Temp: [ ] Refrigerated	[ ] Frozen [ ] Room Temperature
Patient Fasting?: [ ] Yes [ ] No * If yes, how many hours? [ ]	

Parent/Guardian / Billing Information	
Guardian Legal Last Name:	
Guardian First Name:	MI:
Patient Relationship:	
Guardian Contact Phone #: ( )	
Subscriber Legal Last Name:	
Subscriber First Name and MI:	
Subscriber DOB:	Sex: [ ] Male [ ] Female
Subscriber Social Security #:	
Subscriber Phone #: ( )	
Subscriber Address (if different from patient):	
Insurance Co. Name:	
Policy #:	Group #:
Insurance Address:	
Secondary Insurance Co. Name:	

Biochemical Genetic Tests to be Performed:

[ ] CAH6 Profile (CAH6) includes Cortisol, in addition to the tests below. Any of the tests below can be requested individually.

- [ ] 11-Desoxycortisol (11DESC)
- [ ] 17-OH-Pregnenolone (17PRE)
- [ ] 17-OH-Progesterone (17OP)
- [ ] Androstenedione (ANDRO)
- [ ] Dehydroepiandrosterone (DHEA)
- [ ] Deoxycorticosterone (DOC)
- [ ] Progesterone (PROG)
- [ ] Testosterone, Total (TESTMS)

Lab CPA - Do not order these tests if CAH6 Profile has been selected.

Additional Tests:

- [ ] Homovanillic Acid / Vanillylmandelic Acid - HVA (VMHVP)
- [ ] Methylmalonic Acid (MMA)
- [ ] Phenylalanine / Tyrosine (PATY)
- [ ] Psychosine (PSYC)

Additional Biochemical Genetic Tests to be Performed:

****NOTE: If any of the tests below are selected, the Clinical Data Form on page 2 MUST be filled out completely.****

- [ ] CSF Amino Acids by LC-MS/MS (MSAAC) ***NOTE:** an additional sample - 3 mL heparin green top **NO** gel is required
- [ ] Plasma Amino Acids by LC-MS/MS (MSAAP)
- [ ] Urine Amino Acids by LC-MS/MS (MSAAUP)
- [ ] Organic Acids, Urine (ORGUP)
- [ ] Acylcarnitines, Quantitative, Plasma (preferred) or Serum (SPACP)
- [ ] Acylcarnitines, Quantitative, Blood Spot Filter Paper (FPACP)
- [ ] Carnitine Total & Free, Plasma (preferred) or Serum (FCTC)

Diagnosis/ ICD 10 _____ Physician (Print full name) _____ Physician's Signature (Required) _____

Date _____ Time _____ [ ] AM [ ] PM

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Patients Last Name: .....

Patients First Name: .....

Date of Birth: .....

BIOCHEMICAL GENETICS CLINICAL DATA FORM

CNS Symptoms: (check all that apply)		GI Symptoms: (check all that apply)		Physical Features: (check all that apply)	
[ ] Decreased mental status	[ ] Ataxia	[ ] Diarrhea	[ ] Splenomegaly	[ ] Alopecia	[ ] Dysmorphic features
[ ] Elevated lactate	[ ] Coma	[ ] Hepatomegaly	[ ] Vomiting	[ ] Skin rash	[ ] Unusual odor (sweat or urine)
[ ] Psychomotor retardation	[ ] Seizures	[ ] Other: _____		[ ] Other: _____	

Abnormal Lab Findings (check all that apply):

[ ] Failed State Newborn Screen – ****Please send copy of state newborn screen results with sample****

[ ] Elevated ammonia [ ] Elevted lactate Other Abnormal Tests: _____

[ ] Hypoglycemia [ ] Ketosis _____

Chief Reason for Requesting Test(s):

Diet for the past seven days prior to sampling (specify formula type or solid food):

Day 1:

Day 2:

Day 3:

Day 4:

Day 5:

Day 6:

Day 7:

Current Medications (list): **This information is critical to accurate analytical interpretation**

Comments and other relevant or unique patient findings: