



BIOCHEMICAL GENETICS/CYSTINE LAB
 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

UCSD LAB USE ONLY	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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RESULTS ADDRESS				BILLING ADDRESS (WE DO NOT BILL PATIENTS)			
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:	SPECIMEN KEY: 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
	AM PM	

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	AMINO ACIDS	CIRCLE SPECIMEN TYPE
<input type="checkbox"/> QUANTITATIVE ORGANIC ACIDS	U P C	<input type="checkbox"/> QUANTITATIVE AMINO ACIDS	U P C
<input type="checkbox"/> METHYLMALONIC ACID	U P	<input type="checkbox"/> HOMOCYST(E)INE, TOTAL	P
<input type="checkbox"/> N-ACETYLASPARTIC ACID	U	<input type="checkbox"/> PKU PANEL (PHE/TYR)	BS
<input type="checkbox"/> OROTIC ACID	U	MISCELLANEOUS	CIRCLE SPECIMEN TYPE
<input type="checkbox"/> SUCCINYLACETONE	U	<input type="checkbox"/> ACYLCARNITINE PROFILE	P
MOLECULAR DIAGNOSTICS	CIRCLE SPECIMEN TYPE	<input type="checkbox"/> CARBOXYLASES ENZYME ASSAY (PYRUVATE, PROPIONYL CoA, 3-METHYLCROTONYL CoA) CONTROL REQUIRED (NO CHARGE); MUST NOT BE A RELATIVE, MUST BE PREPARED WITH SAMPLE CLINICAL HISTORY (SECTION 4) REQUIRED	B F
<input type="checkbox"/> DNA EXTRACTION	B M SL SW	<input type="checkbox"/> CARNITINE, TOTAL, FREE	U P M
<input type="checkbox"/> MCAD COMMON ALLELE (c.985 A→G)	B M	<input type="checkbox"/> COENZYME Q10	P M
<input type="checkbox"/> MITOCHONDRIAL DNA PANEL (INCLUDES POINT MUTATIONS AND SOUTHERN BLOT)	B M SL SW	<input type="checkbox"/> HGPRT ENZYME ASSAY (LESCH-NYHAN DISEASE)	BS
<input type="checkbox"/> SINGLE POINT MUTATION CHOOSE BELOW	B M SL SW	<input type="checkbox"/> SUCCINYLPURINE SCREEN	U
<input type="checkbox"/> MELAS A3243G <input type="checkbox"/> MELAS T3271C		CYSTINE DETERMINATION	CIRCLE SPECIMEN TYPE
<input type="checkbox"/> MERRF A8344G <input type="checkbox"/> MERRF T8356C		<input type="checkbox"/> STANDARD ASSAY (FOR PATIENTS ON CYSTEAMINE)	WC
<input type="checkbox"/> NARP T8993G <input type="checkbox"/> NARP T8993C		DATE, TIME OF LAST CYSTEAMINE (REQUIRED) DATE: _____ TIME: _____ AM PM	
<input type="checkbox"/> SOUTHERN BLOT	B M	<input type="checkbox"/> DIAGNOSTIC ASSAY (TO DIAGNOSE CYSTINOSIS) CONTROL REQUIRED (NO CHARGE); CONTROL NEED NOT BE ETHNIC- OR AGE-MATCHED; NOT A RELATIVE; MUST BE PREPARED WITH SAMPLE	WC
BIOPSY/CELL CULTURE	CIRCLE SPECIMEN TYPE		
<input type="checkbox"/> ESTABLISH FIBROBLAST CULTURE	BX		
<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

CIRCLE THOSE THAT APPLY	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: