

**UC BIOCHEMICAL GENETICS
LABORATORY**

**RC-1 North P18-4403C MS8313
12800 East 19th Avenue
Aurora, CO 80045**

Phone: (303)724-3826

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Web: www.DenverGenetics.org

PATIENT LAST NAME:

FIRST NAME:

DATE OF BIRTH:

FEMALE MALE

HOSPITAL NAME:

ADDRESS:

PHONE:

FAX:

PHYSICIAN:

COLLECTION DATE:

TIME(S):

Please use only private shipping companies (FedEx, UPS, etc.) for all parcels containing specimens.

PLEASE CHECK ALL TESTS REQUIRED FOR THIS PATIENT

- | | |
|---|--|
| <input type="checkbox"/> Amino acids, serum* (QUANTITATIVE) | <input type="checkbox"/> Succinylacetone, urine (quant.) |
| <input type="checkbox"/> Amino acids, urine (QUANTITATIVE) | <input type="checkbox"/> Orotic acid, urine (quant.) |
| <input type="checkbox"/> Amino acids, CSF (QUANTITATIVE) | <input type="checkbox"/> Phenylpropionylglycine/Hexanoylglycine, urine (quant.) |
| <input type="checkbox"/> Amino acid screen, serum* (qualitative) | <input type="checkbox"/> Glutaric & 3-hydroxyglutaric acids, serum* (quant.) |
| <input type="checkbox"/> Amino acid screen, urine (qualitative) | <input type="checkbox"/> Glutaric & 3-hydroxyglutaric acids, urine (quant.) |
| <input type="checkbox"/> Organic acid, urine (qual.) | <input type="checkbox"/> D- and L- isomers of 2-hydroxyglutaric acid, urine (qual.) |
| <input type="checkbox"/> Mucopolysaccharide screen, urine (qual.) | <input type="checkbox"/> Methylmalonic acid, serum* (quant.) |
| <input type="checkbox"/> Branch-chain amino acids, serum* (quant.) | <input type="checkbox"/> Methylmalonic acid, urine (quant.) |
| <input type="checkbox"/> Alanine, serum* (quant.) | <input type="checkbox"/> Ethylmalonic acid, urine (quant.) |
| <input type="checkbox"/> Methionine, serum* (quant.) | <input type="checkbox"/> N-acetylaspartic acid, serum* (quant.) |
| <input type="checkbox"/> Phenylalanine/Tyrosine, serum* (quant.) | <input type="checkbox"/> N-acetylaspartic acid, urine (quant.) |
| <input type="checkbox"/> Glycine/Glutamine, CSF (quant.) | <input type="checkbox"/> Expanded Newborn Screen |
| <input type="checkbox"/> Acylcarnitines, plasma* (qual.) | <input type="checkbox"/> GAI enzyme assay |
| <input type="checkbox"/> Succinylpurines [Bratton-Marshall Test], urine (qual.) | <input type="checkbox"/> GAII combined enzyme assays |
| <input type="checkbox"/> Succinylpurines [Bratton-Marshall Test], CSF (qual.) | <input type="checkbox"/> Glycine cleavage microassay, liver tissue |
| <input type="checkbox"/> Aspartylglucosamine, urine (qual.) | <input type="checkbox"/> VLCADD (VLCAD) enzyme assay ** |
| <input type="checkbox"/> S-sulfo-cysteine, urine (qual.) | <input type="checkbox"/> Trimethylamine [TMA] and TMA n-oxide [TMAO], urine (quant.) |
| <input type="checkbox"/> Phosphoethanolamine, urine (quant.) | |
| <input type="checkbox"/> Phytanic acid, serum* (quant.) | |
| <input type="checkbox"/> Benzoic acid, serum* (quant.) | |

Additional Comments:

* Serum or plasma accepted—the preferred specimen for each test is indicated above.

All plasma samples should be collected in heparinized tubes (green-topped).

**** Whole blood for leukocyte enzyme assay should be collected in EDTA tubes (purple-topped), 5 mL minimum volume.**

PLEASE NOTE: REFERRAL SOURCE IS RESPONSIBLE FOR PAYMENT.

WE DO NOT BILL PATIENTS OR THEIR INSURANCE COMPANIES.