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				AP# 135			‡ 21D0649789			
Patier	nt Las	t Name	Patient First Name	Requisition MI	on Form: Sex	Birthdate	e.	History# or other patient ID)#	
Tation East Name				1,11	56.1	Birtinaav	•	Thorong of outer pure in		
Sample date Sample ID #					**Physician's Name Required**					
Billing Address:					Send Report To:					
Name (Institution or Self-Pay Individual: See Below)					Name					
Addre	ess		Addres	Address						
City, State, Zip					City, State, Zip					
Phone	e	Fax		Phone			Fax			
	,									
√				PT code 83918		Sample Types & Amounts			Cost	
	1	Organic acid gas chromatogr/mass spectrometry				Urine -5 mL or CSF -1 mL			\$300	
	2	Amino acid analysis, quantitative				Plasma -1 mL Heparin [#] ; CSF -1 mL; urine-5 mL			\$185	
	3	Carnitine, Free and Total				Plasma -1 mL, EDTA or Heparin			\$125	
	4	Acylcarnitine Profile				Plasma -1 mL, EDTA or Heparin			\$185	
	5	N-Acetyl-L-aspartate - Canavan disease			l Urin	Urine -5 mL or CSF -1 mL			\$150	
	6	Canavan disease - Prenatal diagnosis			l Amı	Amniotic fluid supernatant - 8 mL			\$400	
	7	3-Methylglutaconic acid			l Urin	Urine-5 mL or Plasma-1 mL, EDTA or Heparin			\$150	
	8	Orotic acid			l Urin	Urine -5 mL			\$150	
	9	Methylmalonic acid			l Urin	Urine-5 mL or Plasma-1 mL, EDTA or Heparin				
	10	Mevalonate-Mevalonic aciduria, Hyper IgD Syn.			l Urin	Urine -5 mL				
	11	Cholestanol - Cerebrotendinous xanthomatosis			2 Plas	Plasma -1 mL, EDTA or Heparin*				
	12	Sitosterol - Sitosterolemia (Phytosterolemia)			2 Plas	Plasma -1 mL, EDTA or Heparin*				
	13	Guanidinoacetic acid + Creatine				Plasma-1 mL, EDTA or Heparin or Fasting urine-2 mL			\$150	
	14	Smith-Lemli-Opitz syndrome - prenatal diagnosis				Amniotic fluid supernatant -5 mL or Chorionic villus (<u>Cleaned</u>) 5-10 mg			\$200	
	15	8(9)-Cholestenol - Chondrodysplasia punctata			2 Plas	Plasma -1 mL, EDTA or Heparin*			\$150	
	16	☐ 7-Dehydrochol ☐ Lathosterol - L	thesis intermediates: esterol - Smith-Lemli-Opitz Syn. athosterolosis Desmosterolosis	82542			L, EDTA or He preferred), 20	eparin* – 50 mg, frozen	\$150	
Testi	ng by	arrangement only: CHI	LD syndrome; Antley-Bixler syndrom	me; Green	berg Dysp	olasia; Ful	ll Sterol Pathway	y; Sterol analysis in culture	ed cells	
Sam	ple C		oles should be collected without prese time to obtain plasma for amino acid				act meal			
Bioc roon	hemi 1 tem	ESpecimens (plasma, ur cal Genetics Lab, 707 aperature by overnigh	rine, amniotic fluid and CV tissue) sk North Broadway, Room 526, Baltin t delivery.	nould be sh	hipped fro 21205. E	zen by ov Exception	rernight express : Sterol Tests (*) can be shipped as who	ole blood at	
		et that we are unabl s) by receipt of sam	e to bill insurance. Except for I ple.	nstitutio	nal billir	ig, we ex	spect payment	in full (credit card or	check in	
*Bil	ling:	Credit Card Type:	Card Number:							
Exp.	Dat	e Securit	y Code (on back of card)	Signat	ture:					