Kennedy Krieger Institute Genetics Laboratory – Biochemical Genetics Section Revised March 2019											
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Test Requisition Form:											
Pat	ient Las	st Name	Patient First Name	MI	Sex	Birthdate	;	History# or other patient ID#	ŧ		
Sample date Sample ID #					**Physician's Name Required**						
Billing Address: Name (Institution or Self-Pay Individual: See Below)					Send Report To:						
realite (institution of Sen-1 by Individual, Sec Below)					- Numb						
Ado	dress		Address								
Cit	City, State, Zip					City, State, Zip					
Pho	Phone Fax			Phone	Phone Fax						
7	1	Test		PT cod			Types & Amo		Cost		
	1		omatogr/mass spectrometry	8391			mL or CSF -1 mL		\$200		
	2	Amino acid analysis	•	8213			-1 mL Heparin [#] ; CSF -1 mL; urine-5 mL		\$185		
	3	Carnitine, Free and Total		8237			L, EDTA or F	\$125			
	4	Acylcarnitine Profile		8201 8392		Plasma -1 mL, EDTA or Heparin			\$185		
	5	N-Acetyl-L-aspartate - Canavan disease				Urine -5 mL or CSF -1 mL			\$150		
	6	Canavan disease - Prenatal diagnosis				Amniotic fluid supernatant - 8 mL			\$400		
	7	3-Methylglutaconic acid				Urine-5 mL or Plasma-1 mL, EDTA or Heparin			\$150		
	8	Orotic acid		8392		Urine -5 mL			\$150		
	9	Methylmalonic acid		8392		Urine-5 mL or Plasma-1 mL, EDTA or Heparin			\$150		
	10	Mevalonate-Mevalonic aciduria, Hyper IgD Syn.		8392		Urine -5 mL			\$150		
	11	Cholestanol - Cerebrotendinous xanthomatosis		8254		Plasma -1 mL, EDTA or Heparin*		\$150			
	12	Sitosterol - Sitosterolemia (Phytosterolemia)		8254		Plasma -1 mL, EDTA or Heparin*		\$150			
	13	Guanidinoacetic acid + Creatine		8254		Plasma-1 mL, EDTA or Heparin or Fasting urine-2 mL		\$150			
	14	Smith-Lemli-Opitz s	yndrome - prenatal diagnosis	8254		Amniotic fluid supernatant -5 mL or Chorionic villus (<u>Cleaned</u>) 5-10 mg		\$200			
	15	8(9)-Cholestenol - C	hondrodysplasia punctata	8254	2 P	lasma -1 mL, EDTA or Heparin*		\$150			
	16	Cholesterol biosynth 7-Dehydrocholes Lathosterol - Lat Desmosterol - D	sterol - Smith-Lemli-Opitz Syn. hosterolosis	8254			, EDTA or H preferred), 20	eparin* 0 – 50 mg, frozen	\$150		
Tes	sting by	<u>arrangement only</u> : CHIL	D syndrome; Antley-Bixler syndr	ome; Gre	eenberg	Dysplasia; F	Full Sterol Path	way; Sterol analysis in cult	ured cells		
Sai	mple (es should be collected without pre ime to obtain plasma for amino aci				e last meal.				
Shipping: Specimens (plasma, urine, amniotic fluid and CV tissue) should be shipped frozen by overnight express carrier to arrive on weekdays to KKI Biochemical Genetics Lab, 707 North Broadway, Room 526, Baltimore, MD 21205. Exception: Sterol Tests (*) can be shipped as whole blood at room temperature by overnight delivery.											
We regret that we are unable to bill insurance. Except for Institutional billing, we expect payment in full (credit card or check in US funds) by receipt of sample.											
		: Credit Card Type:	Card Number:								
Exp. Date Security Code (on back of card) Signature:											