

Palmieri Laboratory for Metabolic & Advanced Diagnostics The Palmieri Laboratory for Metabolic & Advanced Diagnostics

Room 5NW55 Main

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https://www.chop.edu/centers-programs/metabolic-and-advanced-diagnostics

			<u>1100</u>	ps://www.cnop.edu/centers-p	nograms/metabone	anu-auva	inceu-diagnostics
PATIENT INFORMATION				REFERENCE LABORATORY BILLING INFORMATION ***WE DO NOT BILL PATIENTS OR THEIR INSURANCE COMPANIES***			
LAST NAME:				Institution:			
FIRST NAME:							
PATIENT ID / MED REC #:				Address:			
DOB:							
GENDER: MALE	FEMALE		UNKNOWN	Стту:	STATE:		ZIP:
PHYSICIAN NAME:				PHONE:	FAX:		
PHYSICIAN PHONE:				CONTACT NAME:			
PHYSICIAN SIGNATURE:				PHONE:	FAX:		
By using and sending this Requisition Form to CHOP Outreach Lab for laboratory testing, you, the sender, acknowledge and agree that you have read and agree to the CHOP Terms and Conditions posted at www.chop.edu/labs and agree to pay CHOP the rates in CHOP's fee schedule in effect on the date the specimen in received.							
Required Information for New York State Patients ***One of these must be checked or testing will not be Performed***				Required for all NJ & PA N ***PLEASE CHECK THE APPROP			NFORMATION***
Informed Consent for Genetic Testing is on file in Physician's Office				NJ NBS Program	Initial Testing	Continu	ed Monitoring
Physician has initialed that consent for Genetic Testing was discussed with Patient.				PA NBS Program	Initial Testing	Continu	ed Monitoring
Initials: Date:							
Clinical Information (Required for NBS Patients / Suggested for All Others							
1. Presumptive Diagnosis:							
2. ICD-10 Code:							
3. Other Abnormal Findings:							
4. Medication:							
Specimen Information (only one Sample Type per requisition)							
Type: Blood (B)	Plasma (P)		Serum (S)	Protein Free Blood (PB) Protein Free CSF (PC) CSF (C		CSF (C)	
Urine (U) Random	Urine (U) Random Timed		Duodenal Biopsy (DB	Washed Red Blood Cells (wRBC) Cultu		Cultured I	Fibroblasts (F)
Collection Date:			Collection Time(s	your Lab	Number:		
Constitution Final Constitution							
Testing Requested			To	esting Requested	k		
Amino Acid Quantitation	P	S	U CSF	Cal1DO Uridultransforaça (CALT) Activity	D	wRBC
Acylcarnitine Profile	P	S		Gal1PO ₄ Uridyltransferase (Gal1PO ₄ Analysis	SALT) ACTIVITY	B B	wrbc
Carnitine (Total & Free)	P	S		Galactokinase Enzyme Activ	dh	В	wrbc
Methylmalonic Acid Quantitation	P	S		Epimerase Enzyme Activity	nty	В	wRBC
Infliximab	Р	S				DB	WKBC
N-glycan	P	S		Disaccharidase Analysis Organic Acid Analysis		U	CSF
Carbohydrate Deficient	Р	S		Orotoic Acid Quantitation		U	001
Transferrin				Galactitol Analysis		U	
Ketone Body Panel	В			MPS and Oligosaccharides		U	CSF
Glutathione	B-EDTA		Kit	Pyruvate-Lactate		Kit	00.
OxPhos	F						
				***Note: Samples for Galactosemia testing sho For all other samples, see test description list for		Thursday and wi	thin 24 hours of collection.