Client

Children's Hospital Colorado

Children's Hospital Colorado
Department of Pathology & Laboratory Medicine
Biochemical Genetics & Mitochondrial Lab Requisition
Phone (720) 777-6711
Fax (720) 777-7118

Specimen Shipping Address:
Children's Hospital Colorado
Clinical Laboratory - Room B0200
13123 E. 16th Ave
Aurora, CO 80045

FAILURE TO COMPLETE BELOW FIELDS WILL DELAY RESULTS

*****PLEASE PROVIDE COMPLETE BILLING INFORMATION ON THE BACK OF THIS FORM*****

Contact Information

Ordering Institution Name	Ordering Institution Address Street _____ City, State, Zip
Ordering Provider (Last, First, and Middle Initial)	Ordering Provider Phone

Result Contact Name	Result Phone	Result Fax

Patient Information

Last Name	First Name	Middle I	Birthdate (MM/DD/YYYY)	Sex

Client Medical Record Number	Client Specimen Number	Diagnosis/ICD-10 Code

Specimen Information

Date Collected (MM/DD/YY)	Time Collected (HHMM) AM / PM

Biochemical Genetics Test Information

Amino Acids

☐ Amino Acids [quantitative]
Please select source:
☐ Serum/Plasma (L6606)
☐ Urine* (L6574)
☐ CSF (L6608)

☐ Amino Acid screen [qualitative]
Please select source:
☐ Serum/Plasma (L6751) ☐ Urine* (L6753)

☐ Alanine, Serum (L6631)
☐ Aspartylglucosamine, Urine* [qualitative] (L6894)
☐ Benzoic acid, Serum/Plasma [quantitative] (L6760)
☐ Branch-chain amino acids (MPS), Serum/Plasma [quantitative] (L6607)
☐ Cystine, Serum (L6765)
☐ Glycine, Serum (L6630)
☐ Glycine, CSF (L6629)
☐ Homocystine, Urine* (L6954)
☐ Methionine, Serum (L6767)
☐ Phosphoethanolamine, Urine* [quantitative] (L6893)
☐ S-sulfo-cysteine, Urine* [quantitative] (L6863)

Enzyme Activity Assays

☐ GAI; glutaryl-CoA dehydrogenase activity in fibroblasts (L7077)**
☐ GAII; ETF and ETF:QO activity in fibroblasts (L7089)**
☐ VLCAD; very long chain acyl-CoA dehydrogenase activity in blood (L6895)[1]

*Due to specimen source, this test includes creatinine **Mycoplasma Tested ☐ Y ☐ N

[1] For VLCAD genetic sequencing please use our molecular genetics requisition

Other

☐ Acylcarnitines, serum/plasma [qualitative] (L6615)
☐ D- & L- isomers of 2-hydroxyglutaric acid, Urine* [qualitative] (L7084)
☐ Ethylmalonic acid, Urine* [quantitative] (L6759)
☐ Expanded Newborn Screen, Dried Blood Spot [qualitative] (L6996)
☐ Glutaric & 3-hydroxyglutaric acids [quantitative]
Please select source:
☐ Serum/Plasma (L6742) ☐ Urine* (L6743)
☐ Homovanillic acid [HVA] & Vanillylmandelic acid [VMA], Urine* [quantitative] (L7177)
☐ 3-Methylglutaconic acid, Urine* [quantitative] (L6860)
☐ Methylmalonic acid [quantitative]
Please select source:
☐ Serum/Plasma (L6750) ☐ Urine* (L6762)
☐ Mucopolysaccharide screen, Urine* [qualitative] (L6771)
☐ Organic acid, Urine* [qualitative] (L6619)
☐ Orotic acid, Urine* [quantitative] (L6754)
☐ Phytanic acid, Serum/Plasma [quantitative] (L6761)
☐ Succinylacetone, Urine [quantitative] (L6752)
☐ Succinylpurine [Bratton-Marshall Test] [qualitative]
Please select source:
☐ Urine (L6862) ☐ CSF (L6861)
☐ Trimethylamine [TMA] & TMA n-oxide [TMAO], Urine* [quantitative](L6949)
☐ Pre-choline load collection date/time _____
☐ Post-choline load collection date/time _____

Mitochondrial Diagnostic Test Information

****Please complete the clinical information portion on the back of this requisition****

☐ Blue native electrophoresis with in-gel activity staining
Please select source:
☐ Muscle/Liver/Heart (L7086) Weight: _____mg
☐ Fibroblasts (L7078) Mycoplasma tested Y☐ N☐

☐ Mitochondrial respiratory chain enzyme assay
Please select source:
☐ Muscle/Liver/Heart (L7086) Weight: _____mg
☐ Fibroblasts (L7079) Mycoplasma tested Y☐ N☐

☐ Glycine cleavage enzyme assay, Liver
☐ Pyruvate dehydrogenase enzyme assay, Fibroblasts (L7085)

Tissue Source:	Specimen Storage Prior to Shipment:	Use of Antibiotics linezolid, macrolides, chloramphenicol in last week?
☐ Biopsy ☐ Autopsy (collected ____Hrs after death)	☐ Liquid Nitrogen ☐ -20°C ☐ -70°C	☐ Y ☐ N

Additional Comments:

Specimen requirements and shipping and handling information can be found on our website at www.childrenscolorado.org/lab By submitting this document you agree to the terms and conditions listed on our website

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Please do not send patient insurance. We bill clients only, referring provider will be held responsible for payment if no billing information is provided.

FAILURE TO COMPLETE WILL DELAY RESULTS

Bill To: ☐ Billing Facility and Address same as listed on page 1

Institution Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Billing Contact Information:

Name: _____

Email: _____

Phone: _____

Clinical Information (for Mitochondrial testing ONLY)

Please check all that apply

General
O failure to thrive
O short stature

Brain
O microcephaly
O encephalophaly
O seizures:
O myclonic seizures
O infantile
O other seizures
O chorea
O dystonia
O parkinson
O ataxia
O neurodegeneration
O stroke-like episodes
O central apnea
O leukodystrophy
O other: _____

Eye
O optic atrophy
O retinitis pigmentosa/retinal dystrophy
o cataracts
o ophthalmoplegia

Hearing
O nerve deafness
O hearing loss
O other

Endocrine
O diabetes mellitus
O hypoparathyroidism

Kidney
O renal Fanconi
O glomerulosclerosis
O proteinuria – nephritic syndrome

Liver
O elevated transaminases
O fibrosis/steatosis
O liver insufficiency
O hypoglycemia

GI
O pancreatitis
O pancreatic insufficiency
O pseudo-obstruction
O malabsorption

Heart
O Cardiomyopathy:
O dilated
O hypertrophic
O Conduction defect
O Arrhythmias

Skin
O hyperpigmentation

Muscle
O myopathy
O early fatigue
O abnormal exercise test
O rhabdomyolysis
O elevated CK: _____U/L
O Biopsy:
O ragged red fibers
O abnormal e.m.

Laboratory Studies
O Lactate:
O Blood: _____ mM
O CSF: _____ mM
O lactate/pyruvate ratio: _____
O 3OHB/AcAc ratio: _____ O 3-methylglutaconic acid
O low total carnitine
O lactate on MRS
O elevated alanine: _____ µM
O incr. Krebs cycle metabolites
O other: _____

Radiology
O abnormal basal ganglia
O abnormal brain stem
O abnormal dentate nucleus
O brain atrophy
O cerebellar atrophy
O leukodystrophy
O other: _____

Recognized Syndromes
O Leigh disease
O Kearns-Sayre
O MELAS
O MERRF
O NARP
O MNGIE
O Diabetes-deafness
O Diabetes- retinitis pigmentosa
O CPEO

Previous Mito Investigations: