



PATIENT INFORMATION			
PATIENT LAST NAME		FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH (MM/DD/YYYY)		PATIENT ID / MRN	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		ETHNICITY	
REPORTING INFORMATION		BILLING INFORMATION	
REQUESTING PHYSICIAN (PLEASE PRINT)		WE DO NOT BILL PATIENTS OR THEIR INSURANCE COMPANIES.	
STREET ADDRESS		INSTITUTION / CONTACT PERSON	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE		ZIP CODE	STREET ADDRESS
PHONE	FAX	CITY, STATE	ZIP CODE
EMAIL ADDRESS		PHONE	FAX
CLINICAL INFORMATION			
GENETIC COUNSELOR / CARE COORDINATOR NAME		PHONE	EMAIL ADDRESS
ICD-10 CODE(S) (REQUIRED)			
REASON FOR TEST (PLEASE CHECK) <input type="checkbox"/> DIAGNOSIS <input type="checkbox"/> ABNORMAL NEWBORN SCREEN <input type="checkbox"/> MONITORING <input type="checkbox"/> OTHER		PRIMARY PRESENTING SYMPTOMS	
KNOWN DIAGNOSIS		RELEVANT TEST RESULTS	
IS PATIENT A PREMATURE INFANT? (PLEASE CHECK) <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE GIVE GESTATIONAL AGE AT BIRTH			
DIET / FORMULA / MEDICATIONS		FAMILY HISTORY (PLEASE ATTACH SEPARATE SHEET IF NEEDED)	

***For urgent samples, sample requirements and shipping information, please contact the laboratory at 919-549-0445.
Laboratory Directors: Sarah Young, PhD FACMG Tel 919-684-4259 sarah.young@duke.edu***

Ashlee Stiles, PhD, FACMG Tel 919-684-0073 ashlee.stiles@duke.edu

Form version date: 07/31/17



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Please use each column for only one sample. Use additional forms if sending more than two samples

SAMPLE 1 INFORMATION

SAMPLE 2 INFORMATION

SPECIMEN TYPE		SPECIMEN TYPE	
<input type="checkbox"/> URINE	<input type="checkbox"/> DRIED BLOOD SPOT (DBS)	<input type="checkbox"/> URINE	<input type="checkbox"/> DRIED BLOOD SPOT (DBS)
<input type="checkbox"/> PLASMA	<input type="checkbox"/> DRIED URINE SPOT (DUS)	<input type="checkbox"/> PLASMA	<input type="checkbox"/> DRIED URINE SPOT (DUS)
<input type="checkbox"/> SERUM		<input type="checkbox"/> SERUM	
<input type="checkbox"/> CEREBROSPINAL FLUID (CSF)		<input type="checkbox"/> CEREBROSPINAL FLUID (CSF)	
SPECIMEN ID		SPECIMEN ID	
COLLECTION DATE (MM/DD/YY)	COLLECTION TIME (HH:MM)	COLLECTION DATE (MM/DD/YY)	COLLECTION TIME (HH:MM)

Tests Requested for Sample 1

Tests Requested for Sample 2

<u>PLASMA & SERUM</u>		<u>PLASMA & SERUM</u>	
<input type="checkbox"/> Amino Acids		<input type="checkbox"/> Amino Acids	
<input type="checkbox"/> L-Carnitine		<input type="checkbox"/> L-Carnitine	
<input type="checkbox"/> Acylcarnitine Profile (ACP)		<input type="checkbox"/> Acylcarnitine Profile (ACP)	
<input type="checkbox"/> L-Carnitine & ACP panel		<input type="checkbox"/> L-Carnitine & ACP panel	
<input type="checkbox"/> Creatine, Guanidinoacetate, & Creatinine		<input type="checkbox"/> Creatine, Guanidinoacetate, & Creatinine	
<input type="checkbox"/> Methylmalonic Acid		<input type="checkbox"/> Methylmalonic Acid	
<input type="checkbox"/> Vitamin A (serum only*), <input type="checkbox"/> Vitamin E (serum only*)		<input type="checkbox"/> Vitamin A (serum only*), <input type="checkbox"/> Vitamin E (serum only*)	
<input type="checkbox"/> Vitamin A & E (serum only*), *Must be light-protected		<input type="checkbox"/> Vitamin A & E (serum only*), *Must be light-protected	
<input type="checkbox"/> Plasma Lyso-Gb ₃ , (lyso-globotriaosylceramide for Fabry disease)		<input type="checkbox"/> Plasma Lyso-Gb ₃ , (lyso-globotriaosylceramide for Fabry disease)	
<u>URINE</u>		<u>URINE</u>	
<input type="checkbox"/> Amino Acids	<input type="checkbox"/> Organic Acids	<input type="checkbox"/> Amino Acids	<input type="checkbox"/> Organic Acids
<input type="checkbox"/> L-Carnitine	<input type="checkbox"/> S-Sulfocysteine	<input type="checkbox"/> L-Carnitine	<input type="checkbox"/> S-Sulfocysteine
<input type="checkbox"/> Creatine, Guanidinoacetate, & Creatinine		<input type="checkbox"/> Creatine, Guanidinoacetate, & Creatinine	
<input type="checkbox"/> Hex ₄ (glucose tetrasaccharides; targeting the Glc ₄ fraction)		<input type="checkbox"/> Hex ₄ (glucose tetrasaccharides; targeting the Glc ₄ fraction)	
<input type="checkbox"/> Mucopolysaccharides CS, DS, HS		<input type="checkbox"/> Mucopolysaccharides CS, DS, HS	
<input type="checkbox"/> Mucopolysaccharides KS		<input type="checkbox"/> Mucopolysaccharides KS	
<input type="checkbox"/> Mucopolysaccharides Screen CS, DS, HS, KS		<input type="checkbox"/> Mucopolysaccharides Screen CS, DS, HS, KS	
<u>DRIED URINE SPOT</u>	<u>DRIED BLOOD SPOT</u>	<u>DRIED URINE SPOT</u>	<u>DRIED BLOOD SPOT</u>
<input type="checkbox"/> Hex ₄	<input type="checkbox"/> Acylcarnitine Profile	<input type="checkbox"/> Hex ₄	<input type="checkbox"/> Acylcarnitine Profile
<u>CSF</u>		<u>CSF</u>	
<input type="checkbox"/> Amino Acids		<input type="checkbox"/> Amino Acids	

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