



Duke University Health System Biochemical Genetics Lab, 801-6 Capicola Drive, Durham, NC 27713  
 Phone: (919) 549-0445, Fax: (919) 549-0709  
<https://clinlabs.duke.edu/biochemical-genetics-laboratory>

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)		<b>WE DO NOT BILL PATIENTS OR THEIR INSURANCE COMPANIES.</b>	
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) ( <b>REQUIRED</b> )			
REASON FOR TEST (PLEASE CHECK)		PRIMARY PRESENTING SYMPTOMS	
<input type="checkbox"/> DIAGNOSIS <input type="checkbox"/> ABNORMAL NEWBORN SCREEN <input type="checkbox"/> MONITORING <input type="checkbox"/> OTHER			
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, please contact the lab directly. Tel 919-549-0045**

**Lab Directors: Sarah Young, PhD FACMG Tel 919-684-4259 [sarah.young@duke.edu](mailto:sarah.young@duke.edu)**

**Ashlee Stiles, PhD, FACMG Tel 919-684-0073 [ashlee.stiles@duke.edu](mailto:ashlee.stiles@duke.edu)**

Sample requirements & shipping info: please call lab or visit website: <https://testcatalog.duke.edu/?lab=123060043>

Form version date: 05/07/19



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PATIENT INFORMATION			
PATIENT LAST NAME	FIRST NAME		MIDDLE INITIAL
DATE OF BIRTH (MM/DD/YYYY)	PATIENT ID / MRN		
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"/> CEREBROSPINAL FLUID (CSF)	<input type="checkbox"/> SERUM	<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	
<b><u>PLASMA &amp; SERUM</u></b>		<b><u>PLASMA &amp; SERUM</u></b>	
<input type="checkbox"/> Amino Acid Profile		<input type="checkbox"/> Amino Acid Profile	
<input type="checkbox"/> Carnitine (Free and Total)		<input type="checkbox"/> Carnitine (Free and Total)	
<input type="checkbox"/> Acylcarnitine Profile		<input type="checkbox"/> Acylcarnitine Profile	
<input type="checkbox"/> Carnitine (Free and Total) and Acylcarnitine Profile, Panel		<input type="checkbox"/> Carnitine (Free and Total) and Acylcarnitine Profile, Panel	
<input type="checkbox"/> Guanidinoacetate, Creatine & Creatinine		<input type="checkbox"/> Guanidinoacetate, Creatine & 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 <sub>3</sub> , (lyso-globotriaosylceramide for Fabry disease)		<input type="checkbox"/> Plasma Lyso-Gb <sub>3</sub> , (lyso-globotriaosylceramide for Fabry disease)	
<input type="checkbox"/> Plasma Lyso-Gb <sub>1</sub> , (glucosylsphingosine for Gaucher disease)		<input type="checkbox"/> Plasma Lyso-Gb <sub>1</sub> , (glucosylsphingosine for Gaucher disease)	
<b><u>URINE</u></b>		<b><u>URINE</u></b>	
<input type="checkbox"/> Amino Acid Profile	<input type="checkbox"/> Organic Acid Profile	<input type="checkbox"/> Amino Acid Profile	<input type="checkbox"/> Organic Acid Profile
<input type="checkbox"/> Carnitine (Free and Total)	<input type="checkbox"/> S-Sulfocysteine	<input type="checkbox"/> Carnitine (Free and Total)	<input type="checkbox"/> S-Sulfocysteine
<input type="checkbox"/> Guanidinoacetate, Creatine & Creatinine		<input type="checkbox"/> Guanidinoacetate, Creatine & Creatinine	
<input type="checkbox"/> Hex <sub>4</sub> (glucose tetrasaccharide, Glc <sub>4</sub> )		<input type="checkbox"/> Hex <sub>4</sub> (glucose tetrasaccharide, Glc <sub>4</sub> )	
<input type="checkbox"/> Mucopolysaccharides CS, DS, HS		<input type="checkbox"/> Mucopolysaccharides CS, DS, HS	
<input type="checkbox"/> Mucopolysaccharide KS		<input type="checkbox"/> Mucopolysaccharide KS	
<input type="checkbox"/> Mucopolysaccharides Screen CS, DS, HS, KS		<input type="checkbox"/> Mucopolysaccharides Screen CS, DS, HS, KS	
<b><u>DRIED URINE SPOT</u></b>	<b><u>DRIED BLOOD SPOT</u></b>	<b><u>DRIED URINE SPOT</u></b>	<b><u>DRIED BLOOD SPOT</u></b>
<input type="checkbox"/> Hex <sub>4</sub>	<input type="checkbox"/> Acylcarnitine Profile	<input type="checkbox"/> Hex <sub>4</sub>	<input type="checkbox"/> Acylcarnitine Profile
<b><u>CSF</u></b>		<b><u>CSF</u></b>	
<input type="checkbox"/> Amino Acid Profile		<input type="checkbox"/> Amino Acid Profile	

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