



Lysosomal Storage Diseases Test Request Form

PATIENT NAME: _____
PATIENT DOB: _____ **HOSPITAL ID:** _____ **SEX: M / F** (please circle)
DATE AND TIME SAMPLE COLLECTED: _____ **FIRST SAMPLE / REPEAT** (please circle)
DATE SAMPLE SHIPPED: _____ **DATE AND TIME SAMPLE RECEIVED:** _____

ENZYME ASSAYS

Please check appropriate boxes		Acceptable Samples	CPT CODES
<input type="checkbox"/>	GSD Type II (Pompe disease, acid maltase deficiency) - acid α-glucosidase - Please provide clinical details by completing the "Pompe Disease Clinical Information" form	<input type="checkbox"/> Whole blood <input type="checkbox"/> Dried blood spot <input type="checkbox"/> Muscle <input type="checkbox"/> Fibroblast <input type="checkbox"/> Amniocytes <input type="checkbox"/> CVS culture	82657
<input type="checkbox"/>	Fabry disease - α-galactosidase A - Please provide clinical details by completing the "Fabry Disease Clinical Information" form	<input type="checkbox"/> Whole blood <input type="checkbox"/> Dried blood spot	82657
<input type="checkbox"/>	Gaucher disease - acid-β-glucosidase	<input type="checkbox"/> Whole blood <input type="checkbox"/> Dried blood spot	82657
<input type="checkbox"/>	MPS I - alpha-L-iduronidase	<input type="checkbox"/> Whole blood <input type="checkbox"/> Dried blood spot	82657
<input type="checkbox"/>	MPS II - iduronate-2-sulfatase	<input type="checkbox"/> Whole blood <input type="checkbox"/> Dried blood spot	82657
<input type="checkbox"/>	LAL-D (Wolman Disease / CESD) - acid lipase deficiency	<input type="checkbox"/> Whole blood <input type="checkbox"/> Dried blood spot	82657

GENE SEQUENCING*

Please check appropriate boxes		Acceptable Samples	CPT CODES
<input type="checkbox"/>	GSD Type II (Pompe disease, acid maltase deficiency) - <i>GAA</i> gene	<input type="checkbox"/> Whole blood <input type="checkbox"/> Fibroblast <input type="checkbox"/> Amniocytes	81406 (full gene), 81403 (single exon), 81404 (two exons)
<input type="checkbox"/>	Fabry disease - <i>GLA</i> gene	<input type="checkbox"/> Whole blood <input type="checkbox"/> Fibroblast <input type="checkbox"/> Amniocytes	81405 (full gene), 81403 (single exon)

*Performed by the Duke Molecular Diagnostics laboratory, Phone: 684-2698, <http://clinlabs.duke.edu/DukeMolecular/default.aspx>
 Samples can be sent to the GSD Laboratory and will be forwarded.

CROSS REACTIVE IMMUNOLOGICAL MATERIAL (CRIM) STATUS

Please check appropriate boxes		Acceptable Samples	CPT CODES
<input type="checkbox"/>	GSD Type II (Pompe disease, acid maltase deficiency)	<input type="checkbox"/> Fibroblast	88372, 88233

BIOMARKER ASSAYS

Please check appropriate boxes		Acceptable Samples	CPT CODES
<input type="checkbox"/>	GSD Type II (Pompe disease, acid maltase deficiency) - Hex₄ (glucose tetrasaccharide)	<input type="checkbox"/> Urine	82542, 82570
<input type="checkbox"/>	Fabry Disease - Lyso-globotriaosylceramide (Lyso-Gb3)	<input type="checkbox"/> Serum	82542

RESULTS ADDRESS: Physician: _____ Address: _____ _____ _____ TEL: _____ FAX: _____	*BILLING ADDRESS: Attn: _____ Address: _____ _____ _____ TEL: _____ FAX: _____
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***We do not bill patients or their insurance companies. You are responsible for charges incurred by tests ordered.**