BIOCHEMICAL GENETICS LABORATORY ● GLYCOGEN STORAGE DISEASE LABORATORY
DUKE UNIVERSITY HOSPITAL 801 CAPITOLA DRIVE SUITE 6 DURHAM NC 27713
PHONE: (919) 549-0445 ● FAX: (919) 549-0709 ● http://pediatrics.duke.edu/labservices

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
❑	**GSD Type II (Pompe disease, acid maltase deficiency)** - acid α-glucosidase - Please provide clinical details by completing the "Pompe Disease Clinical Information" form	❑Whole blood ❑Dried blood spot ❑Muscle ❑Fibroblast ❑Amniocytes ❑CVS culture	82657
❑	**Fabry disease** - α -galactosidase A - Please provide clinical details by completing the "Fabry Disease Clinical Information" form	❑Whole blood ❑Dried blood spot	82657
❑	**Gaucher disease** - acid-β-glucosidase	❑Whole blood ❑Dried blood spot	82657
❑	**MPS 1** - alpha-L-iduronidase	❑Whole blood ❑Dried blood spot	82657
❑	**MPS II** - iduronate-2-sulfatase	❑Whole blood ❑Dried blood spot	82657
❑	**LAL-D (Wolman / CESD)** -acid lipase deficiency	❑Whole blood ❑Dried blood spot	82657
❑	**Biotinidase**	❑Whole blood ❑Dried blood spot	82657

GENE SEQUENCING*

Please check appropriate boxes		Acceptable Samples	CPT CODES
❑	**GSD Type II (Pompe disease, acid maltase deficiency)** - *GAA* gene	❑Whole blood ❑Fibroblast ❑Amniocytes	81406 (full gene), 81403 (single exon), 81404 (two exons)
❑	**Fabry disease** - *GLA* gene	❑Whole blood ❑Fibroblast ❑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
❑	**GSD Type II (Pompe disease, acid maltase deficiency)**	❑Fibroblast	88372, 88233, 84157

BIOMARKER ASSAYS

Please check appropriate boxes		Acceptable Samples	CPT CODES
❑	**GSD Type II (Pompe disease, acid maltase deficiency)** - Hex_4 (glucose tetrasaccharide)	❑Urine	82542, 82570
❑	**Fabry Disease** - Lyso-globotriaosylceramide (Lyso-Gb3)	❑Serum	82542

RESULTS ADDRESS:	***BILLING ADDRESS:**
Physician: _____	Attn: _____
Address: _____	Address: _____
_____	_____
_____	_____
TEL: _____ FAX: _____	TEL: _____ FAX: _____

***We do not bill patients or their insurance companies. You are responsible for charges incurred by tests ordered.**

Version date: 05/01/2019