



Duke University Health System Biochemical Genetics Lab, 801-6 Capitola Drive, Durham, NC 27713

Phone: (919) 549-0445, Fax: (919) 549-0709

<https://clinlabs.duke.edu/biochemical-genetics>

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) <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, please contact the lab directly. Tel 919-549-0445, Email: [BCG\\_AllStaff@duke.edu](mailto:BCG_AllStaff@duke.edu)**

Sample requirements & shipping info: please call lab or visit website above or test catalog at

<https://testcatalog.duke.edu/?lab=123060043>



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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>PLASMA &amp; SERUM</b> <input type="checkbox"/> Amino Acid Profile <input type="checkbox"/> Carnitine (Free and Total) <input type="checkbox"/> Acylcarnitine Profile <input type="checkbox"/> Carnitine (Free and Total) and Acylcarnitine Profile, Panel <input type="checkbox"/> Guanidinoacetate, Creatine & Creatinine <input type="checkbox"/> Methylmalonic Acid <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"/> Plasma Lyso-Gb <sub>3</sub> , (lyso-globotriaosylceramide for Fabry disease) <input type="checkbox"/> Plasma Lyso-Gb <sub>1</sub> , (glucosylsphingosine for Gaucher disease)		<b>PLASMA &amp; SERUM</b> <input type="checkbox"/> Amino Acid Profile <input type="checkbox"/> Carnitine (Free and Total) <input type="checkbox"/> Acylcarnitine Profile <input type="checkbox"/> Carnitine (Free and Total) and Acylcarnitine Profile, Panel <input type="checkbox"/> Guanidinoacetate, Creatine & Creatinine <input type="checkbox"/> Methylmalonic Acid <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"/> Plasma Lyso-Gb <sub>3</sub> , (lyso-globotriaosylceramide for Fabry disease) <input type="checkbox"/> Plasma Lyso-Gb <sub>1</sub> , (glucosylsphingosine for Gaucher disease)	
<b>URINE</b> <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"/> Guanidinoacetate, Creatine & Creatinine <input type="checkbox"/> Hex <sub>4</sub> (glucose tetrasaccharide, Glc <sub>4</sub> ) <input type="checkbox"/> Mucopolysaccharides CS, DS, HS <input type="checkbox"/> Mucopolysaccharide KS <input type="checkbox"/> Mucopolysaccharides Screen CS, DS, HS, KS		<b>URINE</b> <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"/> Guanidinoacetate, Creatine & Creatinine <input type="checkbox"/> Hex <sub>4</sub> (glucose tetrasaccharide, Glc <sub>4</sub> ) <input type="checkbox"/> Mucopolysaccharides CS, DS, HS <input type="checkbox"/> Mucopolysaccharide KS <input type="checkbox"/> Mucopolysaccharides Screen CS, DS, HS, KS	
<b>DRIED URINE SPOT</b> <input type="checkbox"/> Hex <sub>4</sub>		<b>DRIED BLOOD SPOT</b> <input type="checkbox"/> Acylcarnitine Profile <input type="checkbox"/> Amino Acid Profile	
<b>CSF</b> <input type="checkbox"/> Amino Acid Profile		<b>CSF</b> <input type="checkbox"/> Amino Acid Profile	

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