



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>

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) <i>(REQUIRED)</i>			
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

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	<input type="checkbox"/> URINE	<input type="checkbox"/> DRIED BLOOD SPOT
<input type="checkbox"/> PLASMA	<input type="checkbox"/> DRIED URINE SPOT	<input type="checkbox"/> PLASMA	<input type="checkbox"/> DRIED URINE SPOT
<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	
<u>PLASMA & SERUM</u>		<u>PLASMA & SERUM</u>	
<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 (MMA)		<input type="checkbox"/> Methylmalonic Acid (MMA)	
<input type="checkbox"/> Homocysteine (HCY)		<input type="checkbox"/> Homocysteine (HCY)	
<input type="checkbox"/> MMA & HCY		<input type="checkbox"/> MMA & HCY	
<input type="checkbox"/> MHMC Panel (MMA, HCY, 2-Methylcitrate, & Cystathionine)		<input type="checkbox"/> MHMC Panel (MMA, HCY, 2-Methylcitrate, & Cystathionine)	
<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)	
<input type="checkbox"/> Plasma Lyso-Gb ₁ , (glucosylsphingosine for Gaucher disease)		<input type="checkbox"/> Plasma Lyso-Gb ₁ , (glucosylsphingosine for Gaucher disease)	
<u>URINE</u>		<u>URINE</u>	
<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 ₄ (glucose tetrasaccharide, Glc ₄)		<input type="checkbox"/> Hex ₄ (glucose tetrasaccharide, Glc ₄)	
<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	
<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
	<input type="checkbox"/> Amino Acid Profile		<input type="checkbox"/> Amino Acid Profile
<u>CSF</u>		<u>CSF</u>	
<input type="checkbox"/> Amino Acid Profile		<input type="checkbox"/> Amino Acid Profile	

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