



Children's Hospital Colorado

Children's Hospital Colorado
Department of Pathology & Laboratory Medicine
Biochemical Genetics & Mitochondrial Lab Requisition
Phone (720) 777-6711
Fax (720) 777-7118

Specimen Shipping Address:
 Children's Hospital Colorado
 Clinical Laboratory - Room B0200
 13123 E. 16th Ave
 Aurora, CO 80045

Client

FAILURE TO COMPLETE BELOW FIELDS WILL DELAY RESULTS

*****PLEASE PROVIDE COMPLETE BILLING INFORMATION ON THE BACK OF THIS FORM*****

Contact Information

Ordering Institution Name		Ordering Institution Address	
		Street _____	
		City, State, Zip _____	
Ordering Provider (Last, First, and Middle Initial)		Ordering Provider Phone _____	
Result Contact Name	Result Phone	Result Fax	

Patient Information

Last Name	First Name	Middle I	Birthdate (MM/DD/YYYY)	Sex
Client Medical Record Number	Client Specimen Number		Diagnosis/ICD-10 Code	

Specimen Information

Date Collected (MM/DD/YY)	Time Collected (HHMM)	AM / PM
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Biochemical Genetics Test Information

Amino Acids	Other
<input type="checkbox"/> Amino Acids [quantitative] Please select source: <input type="checkbox"/> Serum/Plasma (L6606) <input type="checkbox"/> Urine* (L6574) <input type="checkbox"/> CSF (L6608)	<input type="checkbox"/> Acylcarnitines, serum/plasma [qualitative] (L6615) <input type="checkbox"/> Benzoic acid, Serum/Plasma [quantitative] (L6760) <input type="checkbox"/> D- & L- isomers of 2-hydroxyglutaric acid, Urine* [qualitative] (L7084) <input type="checkbox"/> Ethylmalonic acid, Urine* [quantitative] (L6759) <input type="checkbox"/> Expanded Newborn Screen, Dried Blood Spot [qualitative] (L6996)
<input type="checkbox"/> Amino Acid screen [qualitative] Please select source: <input type="checkbox"/> Serum/Plasma (L6751) <input type="checkbox"/> Urine* (L6753)	<input type="checkbox"/> Glutaric & 3-hydroxyglutaric acids [quantitative] Please select source: <input type="checkbox"/> Serum/Plasma (L6742) <input type="checkbox"/> Urine* (L6743)
<input type="checkbox"/> Alanine, Serum (L6631)	<input type="checkbox"/> Homovanillic acid [HVA] & Vanillylmandelic acid [VMA], Urine* [quantitative] (L7177)
<input type="checkbox"/> Aspartylglucosamine, Urine* [qualitative] (L6894)	<input type="checkbox"/> 3-Methylglutaconic acid, Urine* [quantitative] (L6860)
<input type="checkbox"/> Branched-chain amino acids, Serum/Plasma [quantitative] (L6607)	<input type="checkbox"/> Methylmalonic acid [quantitative] Please select source: <input type="checkbox"/> Serum/Plasma (L6750) <input type="checkbox"/> Urine* (L6762)
<input type="checkbox"/> Cystine, Serum (L6765)	<input type="checkbox"/> Mucopolysaccharide screen, Urine* [qualitative] (L6771)
<input type="checkbox"/> Glycine, Serum (L6630)	<input type="checkbox"/> Organic acid, Urine* [qualitative] (L6619)
<input type="checkbox"/> Glycine, CSF (L6629)	<input type="checkbox"/> Orotic acid, Urine* [quantitative] (L6754)
<input type="checkbox"/> Homocystine, Urine* (L6954)	<input type="checkbox"/> Phytanic acid, Serum/Plasma [quantitative] (L6761)
<input type="checkbox"/> Methionine, Serum (L6767)	<input type="checkbox"/> Succinylacetone, Urine [quantitative] (L6752)
<input type="checkbox"/> Phosphoethanolamine, Urine* [quantitative] (L6893)	<input type="checkbox"/> Succinylpurine [Bratton-Marshall Test] [qualitative] Please select source: <input type="checkbox"/> Urine (L6862)* <input type="checkbox"/> CSF (L6861)
<input type="checkbox"/> S-sulfo-cysteine, Urine* [quantitative] (L6863)	<input type="checkbox"/> Trimethylamine [TMA] & TMA N-oxide [TMAO], Urine* [quantitative] (L6949) <input type="checkbox"/> Pre-choline load collection date/time _____ <input type="checkbox"/> Post-choline load collection date/time _____
Enzyme Activity Assays	
<input type="checkbox"/> GAI; glutaryl-CoA dehydrogenase activity in fibroblasts (L7077)**	
<input type="checkbox"/> VLCAD; very long chain acyl-CoA dehydrogenase activity in blood (L6895) ¹	
* Due to specimen source, this test includes creatinine	
** Mycoplasma tested? Y N If Yes, SEND REPORT. Mycoplasma "guy" will be run on all submitted fibroblasts for GAI, RCE, BNPage, PDH	
¹ For VLCAD genetic sequencing please use our molecular genetics requisition	

Mitochondrial Diagnostic Test Information

~ Please complete the clinical information portion on the back of this requisition ~

<input type="checkbox"/> Blue native electrophoresis with in-gel activity staining Please select source: <input type="checkbox"/> Muscle/Liver/Heart (L7087) Weight: _____ mg <input type="checkbox"/> Fibroblasts (L7078) Mycoplasma tested** Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> Mitochondrial respiratory chain enzyme assay Please select source: <input type="checkbox"/> Muscle/Liver/Heart (L7086) Weight: _____ mg <input type="checkbox"/> Fibroblasts (L7079) Mycoplasma tested** Y N If Yes, SEND REPORT.
<input type="checkbox"/> Glycine cleavage enzyme assay, Liver	<input type="checkbox"/> Pyruvate dehydrogenase enzyme assay, Fibroblasts (L7085)
Tissue Source: <input type="checkbox"/> Biopsy <input type="checkbox"/> Autopsy (collected _____ Hrs after death)	Specimen Storage Prior to Shipment: <input type="checkbox"/> Liquid Nitrogen <input type="checkbox"/> -20°C <input type="checkbox"/> -70°C
Use of Antibiotics linezolid, macrolides, chloramphenicol in last week? <input type="checkbox"/> Y <input type="checkbox"/> N	
Additional Comments:	

Specimen requirements and shipping and handling information can be found on our website at www.childrenscolorado.org/lab
 By submitting this document you agree to the terms and conditions listed on our website



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Client

Please do not send patient insurance. We bill clients only, referring provider will be held responsible for payment if no billing information is provided.

FAILURE TO COMPLETE WILL DELAY RESULTS

Bill To: [] Billing Facility and Address same as listed on page 1

Institution Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Billing Contact Information:

Name: _____

Email: _____

Phone: _____

Clinical Information (for Mitochondrial testing ONLY)

Please check all that apply

General, Brain, Eye, Hearing, Endocrine, Kidney, Liver, GI, Heart, Skin, Muscle, Laboratory Studies, Radiology, Recognized Syndromes. Includes checkboxes for various clinical conditions and lab studies.

Previous Mitochondrial Investigations: