



IBR Specialty Clinical Laboratories

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GENETICS TESTING (INHERITED METABOLIC DISORDERS) FORM 1

PATIENT'S INFORMATION		PLEASE TYPE OR PRINT (WRITE FIRMLY)				
Last Name	First	M.I.	D.O.B. (mm/dd/yyyy)	SEX M F U	DIAGNOSIS: ICD-9-CM	
Street Address			CONSECUTIVE # / PATIENT ID #			
City	State	Zip	Lab #			
PERSON RESPONSIBLE FOR BILL (OUTPATIENTS ONLY) ♦♦ COMPLETED INSURANCE FORM OR COPY OF MEDICAID CARD REQUIRED ♦♦						
Last Name	First	Telephone ()				
Address		City	State	Zip		
PHYSICIAN'S INFORMATION		MMIS #	State	Number	Facility	
Name (Print)		or Lic. #				
Address		City	State	Zip		
Telephone ()	PHYSICIAN'S SIGNATURE				Date / /	
Fax ()						
LIST PATIENT MEDICATIONS						
DATE SAMPLE COLLECTED (mm/dd/yyyy) / /			TIME SAMPLE COLLECTED (AM/PM or 24 hr) :			
SPECIMEN TYPE (CHECK ALL THAT APPLY)		<input type="checkbox"/> SKIN BIOPSY (S/CF)		<input type="checkbox"/> URINE, RANDOM OR 24-HOUR COLLECTION, FROZEN (URINE) [1169]		
		<input type="checkbox"/> CULTURED FIBROBLASTS (S/CF) [1167]				
		<input type="checkbox"/> HEPARINIZED WHOLE BLOOD, GREEN TOP @ 4°C (WB) [1168]		<input type="checkbox"/> HEPARINIZED PLASMA, FROZEN (PLASMA) [1168A]		
		<input type="checkbox"/> LONG-TERM LYMPHATIC LINE (LTL) [1170] ♦♦ RESEARCH ONLY ♦♦		<input type="checkbox"/> HEPARINIZED PLASMA (PLASMA) [1168B]		
LYSOSOMAL STORAGE DISEASE LAB	DISEASE	ENZYME OR TEST ID	S/CF	WB	PLASMA	URINE
	<input type="checkbox"/> Fabry	<i>α-Galactosidase A</i>	<input type="checkbox"/> 1100	<input type="checkbox"/> 1133		
	<input type="checkbox"/> Fucosidosis	<i>α-Fucosidase</i>	<input type="checkbox"/> 1113	<input type="checkbox"/> 1147		
	<input type="checkbox"/> Galactosemia	<i>Gal-1-P-Uridyl Transferase (UDPG Transferase)</i>		<input type="checkbox"/> 1118		
	<input type="checkbox"/> Gaucher Type 1,2,3	<i>β-Glucosidase</i>	<input type="checkbox"/> 1104	<input type="checkbox"/> 1139		
	<input type="checkbox"/> GM1 Gangliosidosis	<i>β-Galactosidase</i>	<input type="checkbox"/> 1103	<input type="checkbox"/> 1138		
	<input type="checkbox"/> Hurler/Scheie, MPS I	<i>α-L-Iduronidase</i>	<input type="checkbox"/> 1108	<input type="checkbox"/> 1144		
	<input type="checkbox"/> Mannosidosis	<i>α-Mannosidase</i>	<input type="checkbox"/> 1114	<input type="checkbox"/> 1148		
	<input type="checkbox"/> Maroteaux-Lamy, MPS VI	<i>Arylsulfatase B</i>	<input type="checkbox"/> 1110	<input type="checkbox"/> 1169		
	<input type="checkbox"/> Metachromatic Leukodystrophy	<i>Arylsulfatase A</i>	<input type="checkbox"/> 1107	<input type="checkbox"/> 1142		
	<input type="checkbox"/> Mucopolipidosis I	<i>Sialidase</i>	<input type="checkbox"/> 1115			
	<input type="checkbox"/> Pompe, GSD II	<i>α-D-Glucosidase</i>	<input type="checkbox"/> 1112			
	<input type="checkbox"/> Sanfilippo, MPS IIIB	<i>N-Acetyl-α-D-Glucosaminidase</i>	<input type="checkbox"/> 1109	<input type="checkbox"/> 1154		
<input type="checkbox"/> Sly, MPS VII	<i>β-Glucuronidase</i>	<input type="checkbox"/> 1111	<input type="checkbox"/> 1145			
♦♦ For ANY Tay-Sachs Test (including Mucopolipidosis II, III Lysosomal Panel) answer the following: IS THE PATIENT PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO ♦♦						
<input type="checkbox"/> Tay-Sachs, Sandhoff	<i>Hexosaminidase</i>	<input type="checkbox"/> 1101	<input type="checkbox"/> 1134	<input type="checkbox"/> 1137		
<input type="checkbox"/> Mucopolipidosis II, III Lysosomal Panel: Consists of the following tests: Tay-Sachs, Sandhoff (<i>Hexosaminidase</i>) GM1 Gangliosidosis (<i>β-Galactosidase</i>) Mannosidosis (<i>α-Mannosidase</i>) Fucosidosis (<i>α-Fucosidase</i>)			← Both Skin AND Whole Blood MUST be submitted. <input type="checkbox"/> 1116			
LIPID	METABOLIC DISEASE LAB					
	<input type="checkbox"/> Krabbe	<i>β-Galactocerebrosidase</i>	<input type="checkbox"/> 1105	<input type="checkbox"/> 1140		
	<input type="checkbox"/> Niemann-Pick	<i>Sphingomyelinase</i>	<input type="checkbox"/> 1106	<input type="checkbox"/> 1141		
CARBOHYDRATE	LAB					
	<input type="checkbox"/> Galactosemia, Fructose Diphosphatase Deficiency	<i>Monosaccharides</i>				<input type="checkbox"/> 1157
	<input type="checkbox"/> Hunter, Hurler, Sanfilippo, Morquio, Maroteaux-Lamy, Sly	♦♦ Mucopolysaccharide ID ♦♦ TEST PERFORMED ONLY WITH SIGNIFICANT CLINICAL INDICATION OR POSITIVE SCREEN. ATTACH PATIENT SUMMARY. ♦♦				<input type="checkbox"/> 1156
	<input type="checkbox"/> Hunter, Hurler, Sanfilippo, Morquio, Maroteaux-Lamy, Sly	<i>Mucopolysaccharide Quantitation</i>				<input type="checkbox"/> 1120
	<input type="checkbox"/> Hunter, Hurler, Sanfilippo, Morquio, Maroteaux-Lamy, Sly	<i>MPS Spot Test</i>				<input type="checkbox"/> 1119
<input type="checkbox"/> Fucosidosis, Mannosidosis, Aspartylglucosaminuria, etc.	<i>Oligosaccharides</i>				<input type="checkbox"/> 1153	
Please read and sign the consent form on the back of this requisition. THIS IS REQUIRED BEFORE TESTING CAN BEGIN. If this form is being faxed, or photocopied, BOTH SIDES must be received by the laboratory.						
--- For Lab Use Only ---						
Accession No.		Date: / /		Entered By:		Reviewed By:

