

## DEPARTMENT of LABORATORY MEDICINE/METABOLIC LAB REQUEST FORM CLINICAL DATA FOR METABOLIC TESTING

**THE COMPLETED FORM MUST ACCOMPANY THE SAMPLE TO THE LAB.**

NOTE: Please complete for the most effective interpretation and follow-up of these tests. This information may be critical not only for actual interpretation of the data but also for suggestions about further diagnostic measures.

Name: \_\_\_\_\_ M.R.# \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Demographics: Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Physician's Signature:

**Tests to be Performed:**

- \_\_\_\_ Amino Acid Profile on serum or urine **NOTE:** Fasting samples (3-4 hours minimum) are preferred.
- \_\_\_\_ Amino Acid Profile on CSF (Requires simultaneous serum sample)
- \_\_\_\_ Organic Acid Profile on urine
- \_\_\_\_ Phenylalanine/Tyrosine on Blood Spot Card or serum
- \_\_\_\_ Maple Syrup Urine Disease Profile on serum
- \_\_\_\_ Total Homocysteine on serum
- \_\_\_\_ Acylcarnitine Profile on lithium heparin plasma or blood spot card  
(Profile includes Total and Free Carnitine)
- \_\_\_\_ Serum Guanidinoacetate or Creatine: Creatinine Ratio (Urine Guanidinoacetate)
- \_\_\_\_ 7-Dehydrocholesterol on lithium heparin plasma or amniotic fluid
- \_\_\_\_ Methylmalonic/Ethylmalonic Acid on lithium heparin plasma or urine
- \_\_\_\_ Urinary MPS Screen

**Chief Reason** (complaint) for requesting test:

**Symptoms and Signs:** (Please check all those that apply)

**CNS Symptoms:**

- \_\_\_\_ Psychomotor retardation
- \_\_\_\_ Seizures
- \_\_\_\_ Decreased mental status
- \_\_\_\_ Coma
- \_\_\_\_ Ataxia
- \_\_\_\_ Muscle weakness or exercise intolerance

**GI Symptoms:**

- \_\_\_\_ Vomiting
- \_\_\_\_ Diarrhea
- \_\_\_\_ Hepatomegaly
- \_\_\_\_ Splenomegaly

**Physical Features:**

- \_\_\_\_ Dysmorphic features
- \_\_\_\_ Alopecia
- \_\_\_\_ Unusual odor (sweat or urine)

**Abnormal Lab Findings:** (Please check all those that apply)

\_\_\_\_ **Failed State Newborn Screen: PLEASE SEND COPY OF STATE NEWBORN SCREEN RESULTS WITH SAMPLE**

- \_\_\_\_ Elevated NH<sub>3</sub>
- \_\_\_\_ Hypoglycemia
- \_\_\_\_ Ketosis
- \_\_\_\_ Elevated lactate
- \_\_\_\_ Other abnormal tests

**Comments and Other Relevant or Unique Patient Findings:**

**Diet for the past seven days prior to sampling:** (Please specify formula type or "solid food")

**Medications:** (Please list) Note: This information is critical to accurate analytical interpretation

Dennis Bartholomew, MD: Section of Molecular and Human Genetics  
Gail Herman, MD, Ph.D.: Section Chief Division of Molecular and Human Genetics  
Joan Atkin, MD.: Section of Molecular and Human Genetics  
Kim McBride, MD.: Section of Molecular and Human Genetics