Bill to Submitter/Client
(Submitting Facility is Responsible for Payment)



## Children's Hospital Colorado Department of Pathology & Laboratory Medicine Biochemical Genetics 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

FAILURE TO COMPLETE BELOW FIELDS WILL DELAY RESULTS						
***PLEASE PROVIDE COMPLETE BILLING INFORMATION**						
Contact Information						
Submitting Institution Name (Submitter)  Submitting Institution Address						
Str		Street				
		City, State, Zip				
		Phone		Result Fax		
Client Specimen Label (if available)		<b>Internal Specimen Label</b>				
Patient Information						
Last Name	First Name	Middle I	Birthdate (MM/	(DD/YYYY)	Sex	
2450 1 (4412)			Direitaute (171171)			
Ordering Provider (Last, First, and Middle I)	Middle I) Ordering Provider NPI Ordering Provider Phone Provider/Lab Email		mail for Questions			
Specimen Information						
Date Collected (MM/DD/YY)	Client External ID	ICD-10 Coo	de(s)	Specimen Source:		
		1		□ Serum □ CSF		
Time Collected (HHMM)	Draw Type	2		□ Plasma		
AM / PM		2		□ Urine		
ANT A TVI	BILLING SECTION: FAILURE T	O COMPLETE WILL DE	LAY RESULTS	- Crine		
Bill To:   Billing Facility and Address same as Submitter Listed						
Billing Contact Information:				NT than Submitter List	ed. Bill To:	
Name:	Institution Name:	ng Facility and Address are DIFFERENT than Submitter Listed, Bill To:				
Email:	Address (incl City, State, Zi					
Phone: Phone: Additional Specimen I						
Biochemical (	Genetics Lab Test Information - Orde	ering laboratory is responsi	ble for accuracy	of test selection		
	Ar	nino Acids				
□ Amino Acids [quant]		•	□ Cystine, Serum (LAB6765)			
Please select source:		2	☐ Glycine, CSF (LAB6629) ☐ Glycine, Serum/Plasma (LAB6629)			
☐ CSF (LAB6608) ☐ Urine* (LAB6574) ☐ Serum/Plasma (LAB6606) ☐ Alanine, Serum (LAB6631)		☐ Phenylalanine an		/		
☐ Branch-chain amino acids, Serum/Plasma [quant] (LAB6607)		□ Phosphoethanola				
□ Citrulline (LAB6764)		□ S-Sulfocysteine,				
Other				Activity Assays		
□ Acylcarnitines, Quant, serum/plasma(LA)	□ GAI; glutaryl-Co	□ GAI; glutaryl-CoA dehydrogenase activity in fibroblasts (LAB7077)**				
□ Carnitine, Free and Total, serum/plasma (LAB8341)			** Mycoplasma tested? Y N If Yes, SEND REPORT.			
☐ Creatine and Guanidinoacetate, Quant, serum/plasma (LAB9934)		Mycoplasma will b	Mycoplasma will be ran on all submitted fibroblasts			
☐ Benzoic acid, Serum/Plasma [quant] (LA	Previous Testing					
□ Glutaric & 3-hydroxyglutaric acids [quant]			Acylcarnitine Profile/A	Abnormal Newborn Screen		
Please select source: □ Urine* (LAB67	Molecular Test	S				
Glycosaminoglycans with creatinine, urin	□ Normal		☐ Two Pathogenic Variants	Identified		
□ HVA and VMA* (LAB7177)			☐ Genotype of Uncertain Significance  If molecular testing has been completed, please provide genotype			
☐ Methylmalonic Acid	7.(2) G (T.A.D.(7.5))	If molecular testing has b	een completed, please	e provide genotype		
Please select source:  Urine* (LAB67	, , , , , , , , , , , , , , , , , , , ,	□ VLCAD; very lo	ng chain acyl-CoA	dehydrogenase activity	in blood (LAB10118) <sup>1</sup>	
☐ Methylcitric/Citric Acid Ratio & Organic Acid, Urine* (LAB7622)						
☐ Methylmalonic, 3OH propionic, methylcitric group- Quant, serum/plasma			Optimal: 3 mL whole blood (EDTA) Minimum: 1 mL whole blood (EDTA)			
☐ Mycophenolic Acid Level (LAB5073)			Ship Refrigerated on wet ice overnight			
☐ Organic Acids with Creatinine Urine* (L.		For VLCAD genetic sequencing, please use our Precision Diagnostics requisiton.  Prayious Testing				
☐ Orotic acid, Urine* [quant] (LAB6754)		Previous Testing  Abnormal Acylegraptine Profile/Abnormal Newborn Screen				
☐ Succinylacetone, Urine [quant] (LAB6752) ☐ Trimethylamine [TMA] & TMA n-oxide [TMAO], Urine* [quant] (LAB6949)			☐ Abnormal Acylcarnitine Profile/Abnormal Newborn Screen  Molecular Tests			
Pre-choline load collection date/time			Molecular Tests  □ Normal □ Carrier □ Two Pathogenic Variants Identified			
□ Post-choline load collection date/time						
If molecular testing has been completed,		☐ Genotype of Uncertain Significance  If molecular testing has been completed, please provide genotype				
pri morcenar resung has been completed,	II molecular testing has t	cen compiciou, picaso	provide genetype			