

LABMISC

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EX0106-001NS Rev 3/2025

CHILDREN'S HEALTH
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Metabolics and Mass Spectrometry Requisition

PATIENT INFORMATION

Patient Name: _____
(Last) (First) (Middle)

Date of Birth: _____

OR PLACE PATIENT STICKER HERE

Gender: Male Female Other: _____

SAMPLE INFORMATION

Date of Collection: _____

Serum/Plasma

Whole/Blood

Specimen Accession Number: _____

Urine

Bone Marrow

Hospital Medical Record Number: _____

Specify: _____

BILLING INFORMATION

Referring Institution: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Accounts Payable Contact: _____ Email: _____

INDICATION FOR STUDY

Symptomatic

Asymptomatic

Summarize History:

Other Relevant Information: (Newborn Screening Results)

Metabolics and Mass Spectrometry Requisition

SAMPLE REQUIREMENTS		
TEST	SAMPLE TEST	COLLECTION CONTAINER
2-Hydroxyglutaric Acid	Whole blood, serum, plasma, bone marrow aspirate	Red top, purple top, green top
17-Hydroxyprogesterone	Serum	Red top
Acylcarnitine analysis	Plasma / serum	Green top, red top
Amino Acid analysis	Plasma / serum	Green top, red top
Androstenedione	Serum	Red top
Carnitine, free and total	Plasma / serum	Green top, red top
Comprehensive toxicology screen	Random urine, 1mL	Plastic container
HVA, Homovanillic acid	Random urine, 10mL (5mL min)	Plastic container
Itraconazol / Hydroxy-Itraconazole	Plasma / serum	Green top, red top
Organic Acid analysis	Random urine, >3mL	Plastic container
Pentobarbital	Plasma /serum	Green top, red top
Posaconazole	Plasma/ serum	Green top, red top
Testosterone, total	Serum	Red top
VMA, Vanillylmandelic Acid	Random urine, 10mL (5mL min)	Plastic container
Voriconazole	Plasma / serum	Green top, red top
MMP-7	Serum, 1mL (Spun, separated, and frozen within 2 hrs of collection. Ship on dry ice.)	Red, gold top

Samples should be stored frozen except for whole blood samples, which should be refrigerated.