



**DIVISION OF LABORATORY MEDICINE
LABORATORY TEST REQUISITION # 6 (Biochemical Genetics)**

Requesting Physician: _____

*Requesting Physician Signature: _____; Pager #: _____

Service: _____

*Collection Date & Time: _____ (date); _____ (time)

*Collected by: _____ *Specimen Source: _____

***ICD 10 DIAGNOSIS CODE(S) MANDATORY:**

PLACE PATIENT
LABEL HERE

ROUTINE

STAT**

Special Instructions:

BIOCHEMICAL GENETICS / METABOLISM	
HYD	17-Hydroxyprogesterone, Steroid
ACYLP	Acylcarnitine Analysis Profile
ANDR	Androstenedione, Steroid
CARN	Carnitine, Total/Free, Quantitative
FT4C	Free T4 Conformation Only
HVAVMA	HVAVMA (Homovanillic & Vanillylmandelic Acid)
MSUD	MSUD Profile (Branch Chain Amino Acids)
MSUDF	MSUD Profile from Blood-spots
PHE	Phenylalanine, Plasma
PAAQ	Plasma AA Quant, Plasma Amino Acid Profile
RAPORG	Rapid Urine Organic Acid Screen, Metabolic Urine Screen
SCA	Succinylacetone
TEST	Testosterone, Steroid
VITA	Vitamin A (Carotene)
VITD25	25 Hydroxy Vitamin D, Total
UAAQ	Urine AA Quant, Urine Amino Acid Profile
VITE	Vitamin E
OTHER	

*Required Field

**Not all test are available Stat; see Intranet for list.