



**Children's National.**

**Biochemical Genetics Laboratory**  
Department of Laboratory Medicine  
111 Michigan Ave NW  
Washington, DC 20010

Phone: (202) 476-8743

Fax: (202) 476-3500

[www.childrensnational.org](http://www.childrensnational.org)

## Neuroblastoma HVA/VMA

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### **Instructions for Urine Collection on Filter Paper:**

1. Label filter paper with patient name, date and time of collection in pencil (not ink).
2. Collect at least 5 mL of urine using a bag or sterile cup and pour onto filter paper.
3. Place wet filter paper on top of the plastic bag or on a clean non-absorbent surface.
4. Allow filter paper to air dry completely.
5. Put filter paper in the plastic bag and then put the bag in the envelope.
6. Fill out patient and billing information on this sheet; indicate ICD 10 code and test.
7. Mail the sample to the lab with this sheet.

### **Instructions for Frozen Urine:**

1. Collect 5 mL of urine using a bag or sterile cup, labeled with patient name, date and time of collection.
  2. Freeze the sample and place in bag.
  3. Fill out patient and billing information on this sheet; indicate ICD 10 code and test.
  4. Main the frozen sample on dry ice by express mail.
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### **Transport and Turnaround Time:**

Dried filter paper specimens can be sent via regular or express mail (express mail is recommended). Frozen urine may be sent on dry ice (keep frozen) by express mail Monday through Thursday only (no weekend delivery for frozen samples). These tests are offered on a semiweekly basis with a turn around time of 5 to 7 days. Clinical consultation will be provided when necessary.

#### **Shipping Address:**

Biochemical Genetics Laboratory  
Children's National Hospital  
111 Michigan Avenue NW  
Washington DC 20010-2970  
Tel (202) 476-8743

#### **Samples will be rejected if:**

Wrong type of sample for the test  
Insufficient sample amount  
Unlabeled sample  
Inadequate collection or preservation and transport

#### **Billing Information:**

Our policy is to bill the referring clinic, or hospital.

#### **Further Information:**

If you would like more information, wish to see written material, or need more filter paper collection kits; please call (202) 476-8743.



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**Patient Information:**

**Billing Information:**

Patient Name:	Attn:
Medical Record Number:	Institution:
Date of Birth:	Department:
Gender: F ___ M ___	
Date of Collection:      Time of Collection: am/pm	Address:
Physician Phone: (    )	Phone: (    )
Physician Fax: (    )	Fax: (    )
Physician Name and Signature:	

No direct patient or Insurance billing: Billing to clinic or hospital only.

**ICD 10 Code:**

- C74.90 Malignant neoplasm of unspecified part of unspecified adrenal gland
- Other \_\_\_\_\_

**Select Test(s) Requested:**

- Neuroblastoma Test (HVA, VMA)

**Test Code**

HVA

**CPT Code**

83150, 84585