



Children's Hospital Colorado

Children's Hospital Colorado
Department of Pathology & Laboratory Medicine
Biochemical Genetics Lab Requisition
Phone: (720) 777-6711

Phone (720) 777-6711

Fax (720) 777-7118

Bill to Submitter/Client

(Submitting Facility is Responsible for Payment)

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 Street City, State, Zip Phone		
		Result Fax		
Client Specimen Label (if available)		Internal Specimen Label		
Patient Information				
Last Name	First Name	Middle I	Birthdate (MM/DD/YYYY)	Sex
Ordering Provider (Last, First, and Middle I)	Ordering Provider NPI	Ordering Provider Phone	Provider/Lab Email for Questions	
Specimen Information				
Date Collected (MM/DD/YY)	Client External ID	ICD-10 Code(s)	Specimen Source:	
Time Collected (HHMM) AM / PM	Draw Type	1 2 3	<input type="checkbox"/> Serum	<input type="checkbox"/> CSF
<input type="checkbox"/> Plasma	<input type="checkbox"/> Urine			
BILLING SECTION: FAILURE TO COMPLETE WILL DELAY RESULTS				
Bill To: <input type="checkbox"/> Billing Facility and Address same as Submitter Listed				
Billing Contact Information: Name: _____		Billing Facility and Address are DIFFERENT than Submitter Listed, Bill To: Institution Name: _____ Address (incl City, State, Zip): _____ Phone: _____ Fax: _____		
Additional Specimen Information				
Biochemical Genetics Lab Test Information - Ordering laboratory is responsible for accuracy of test selection				
Amino Acids				
<input type="checkbox"/> Amino Acids [quant] Please select source: <input type="checkbox"/> CSF (LAB6608) <input type="checkbox"/> Urine* (LAB6574) <input type="checkbox"/> Serum/Plasma (LAB6606)		<input type="checkbox"/> Cystine, Serum (LAB6765) <input type="checkbox"/> Glycine, CSF (LAB6629) <input type="checkbox"/> Glycine, Serum/Plasma (LAB6629) <input type="checkbox"/> Phenylalanine and Tyrosine (LAB1896) <input type="checkbox"/> Phosphoethanolamine, Urine* [quant] (LAB6893) <input type="checkbox"/> S-Sulfocysteine, Urine (LAB6863)		
<input type="checkbox"/> Alanine, Serum (LAB6631) <input type="checkbox"/> Branch-chain amino acids, Serum/Plasma [quant] (LAB6607) <input type="checkbox"/> Citrulline (LAB6764)				
<input type="checkbox"/> Acylcarnitines, Quant, serum/plasma(LAB9946) <input type="checkbox"/> Carnitine, Free and Total, serum/plasma (LAB8341) <input type="checkbox"/> Creatine and Guanidinoacetate, Quant, serum/plasma (LAB9934) <input type="checkbox"/> Benzoic acid, Serum/Plasma [quant] (LAB6760) <input type="checkbox"/> Glutaric & 3-hydroxyglutaric acids [quant] Please select source: <input type="checkbox"/> Urine* (LAB6743) <input type="checkbox"/> Serum/Plasma (LAB6742)		Enzyme Activity Assays <input type="checkbox"/> GAI; glutaryl-CoA dehydrogenase activity in fibroblasts (LAB7077)** ** Mycoplasma tested? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, SEND REPORT. Mycoplasma will be ran on all submitted fibroblasts Previous Testing <input type="checkbox"/> Abnormal Acylcarnitine Profile/Abnormal Newborn Screen Molecular Tests <input type="checkbox"/> Normal <input type="checkbox"/> Carrier <input type="checkbox"/> Two Pathogenic Variants Identified <input type="checkbox"/> Genotype of Uncertain Significance		
<input type="checkbox"/> Glycosaminoglycans with creatinine, urine [quant] (LAB9869) <input type="checkbox"/> HVA and VMA* (LAB7177) <input type="checkbox"/> Methylmalonic Acid Please select source: <input type="checkbox"/> Urine* (LAB6762) <input type="checkbox"/> Serum (LAB6750)		If molecular testing has been completed, please provide genotype _____		
<input type="checkbox"/> Methylcitric/Citric Acid Ratio & Organic Acid, Urine* (LAB7622) <input type="checkbox"/> Methylmalonic, 3OH propionic, methylcitric group- Quant, serum/plasma <input type="checkbox"/> Mycophenolic Acid Level (LAB5073) <input type="checkbox"/> Organic Acids with Creatinine Urine* (LAB6619) <input type="checkbox"/> Orotic acid, Urine* [quant] (LAB6754) <input type="checkbox"/> Succinylacetone, Urine [quant] (LAB6752) <input type="checkbox"/> Trimethylamine [TMA] & TMA n-oxide [TMAO], Urine* [quant] (LAB6949) <input type="checkbox"/> Pre-choline load collection date/time _____ <input type="checkbox"/> Post-choline load collection date/time _____		<input type="checkbox"/> VLCAD; very long chain acyl-CoA dehydrogenase activity in blood (LAB10118) Optimal: 3 mL whole blood (EDTA) Minimum: 1 mL whole blood (EDTA) Ship Refrigerated on wet ice overnight For VLCAD genetic sequencing, please use our Precision Diagnostics requisiton. Previous Testing <input type="checkbox"/> Abnormal Acylcarnitine Profile/Abnormal Newborn Screen Molecular Tests <input type="checkbox"/> Normal <input type="checkbox"/> Carrier <input type="checkbox"/> Two Pathogenic Variants Identified <input type="checkbox"/> Genotype of Uncertain Significance		
If molecular testing has been completed, please provide genotype _____ * Due to specimen source, this test includes creatinine		If molecular testing has been completed, please provide genotype _____		

By submitting this requisition you agree to the standard terms and agreements of Children's Hospital Colorado. To obtain a copy of these please reach out to

LabClientServices@childrenscolorado.org

LabClientServices@childrenscolorado.org

Current as of 3/2024