



Children's Hospital Colorado

Children's Hospital Colorado  
Department of Pathology & Laboratory Medicine  
Biochemical Genetics Lab Requisition  
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:	
		1	<input type="checkbox"/> Serum <input type="checkbox"/> CSF	
Time Collected (HHMM)	Draw Type	2	<input type="checkbox"/> Plasma	
AM / PM		3	<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:		Billing Facility and Address are DIFFERENT than Submitter Listed, Bill To:		
Name: _____		Institution Name: _____		
Email: _____		Address (incl City, State, Zip): _____		
Phone: _____		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]		<input type="checkbox"/> Cystine, Serum (LAB6765)		
Please select source:		<input type="checkbox"/> Glycine, CSF (LAB6629)		
<input type="checkbox"/> CSF (LAB6608) <input type="checkbox"/> Urine* (LAB6574) <input type="checkbox"/> Serum/Plasma (LAB6606)		<input type="checkbox"/> Glycine, Serum/Plasma (LAB6629)		
<input type="checkbox"/> Alanine, Serum (LAB6631)		<input type="checkbox"/> Phenylalanine and Tyrosine (LAB1896)		
<input type="checkbox"/> Branch-chain amino acids, Serum/Plasma [quant] (LAB6607)		<input type="checkbox"/> Phosphoethanolamine, Urine* [quant] (LAB6893)		
<input type="checkbox"/> Citrulline (LAB6764)		<input type="checkbox"/> S-Sulfocysteine, Urine (LAB6863)		
Other		Enzyme Activity Assays		
<input type="checkbox"/> Acylcarnitines, Quant, serum/plasma(LAB9946)		<input type="checkbox"/> GAI; glutaryl-CoA dehydrogenase activity in fibroblasts (LAB7077)**		
<input type="checkbox"/> Carnitine, Free and Total, serum/plasma (LAB8341)		** Mycoplasma tested?                      Y                      N                      If Yes, <b>SEND REPORT.</b>		
<input type="checkbox"/> Creatine and Guanidinoacetate, Quant, serum/plasma (LAB9934)		Mycoplasma will be ran on all submitted fibroblasts		
<input type="checkbox"/> Benzoic acid, Serum/Plasma [quant] (LAB6760)		<u>Previous Testing</u>		
<input type="checkbox"/> Glutaric & 3-hydroxyglutaric acids [quant]		<input type="checkbox"/> Abnormal Acylcarnitine Profile/Abnormal Newborn Screen		
Please select source: <input type="checkbox"/> Urine* (LAB6743) <input type="checkbox"/> Serum/Plasma (LAB6742)		Molecular Tests		
<input type="checkbox"/> Glycosaminoglycans with creatinine, urine [quant] (LAB9869)		<input type="checkbox"/> Normal <input type="checkbox"/> Carrier <input type="checkbox"/> Two Pathogenic Variants Identified		
<input type="checkbox"/> HVA and VMA* (LAB7177)		<input type="checkbox"/> Genotype of Uncertain Significance		
<input type="checkbox"/> Methylmalonic Acid		If molecular testing has been completed, please provide genotype _____		
Please select source: <input type="checkbox"/> Urine* (LAB6762) <input type="checkbox"/> Serum (LAB6750)		<input type="checkbox"/> VLCAD; very long chain acyl-CoA dehydrogenase activity in blood (LAB10118) <sup>1</sup>		
<input type="checkbox"/> Methylcitric/Citric Acid Ratio & Organic Acid, Urine* (LAB7622)		Optimal: 3 mL whole blood (EDTA) Minimum: 1 mL whole blood (EDTA)		
<input type="checkbox"/> Methylmalonic, 3OH propionic, methylcitric group- Quant, serum/plasma		Ship Refrigerated on wet ice overnight		
<input type="checkbox"/> Mycophenolic Acid Level (LAB5073)		For VLCAD genetic sequencing, please use our Precision Diagnostics requisiton.		
<input type="checkbox"/> Organic Acids with Creatinine Urine* (LAB6619)		<u>Previous Testing</u>		
<input type="checkbox"/> Orotic acid, Urine* [quant] (LAB6754)		<input type="checkbox"/> Abnormal Acylcarnitine Profile/Abnormal Newborn Screen		
<input type="checkbox"/> Succinylacetone, Urine [quant] (LAB6752)		Molecular Tests		
<input type="checkbox"/> Trimethylamine [TMA] & TMA n-oxide [TMAO], Urine* [quant] (LAB6949)		<input type="checkbox"/> Normal <input type="checkbox"/> Carrier <input type="checkbox"/> Two Pathogenic Variants Identified		
<input type="checkbox"/> Pre-choline load collection date/time _____		<input type="checkbox"/> Genotype of Uncertain Significance		
<input type="checkbox"/> Post-choline load collection date/time _____		If molecular testing has been completed, please provide genotype _____		
If molecular testing has been completed, please provide genotype				
* Due to specimen source, this test includes creatinine				

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  
Please visit our website (www.childrenscolorado.org/labrequisitions) regularly to obtain our most current requisition.