

Childrens Hospital Los Angeles  
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California State License CLF260  
 CLIA# 05D0542989

## Special Chemistry Test Request Form

### Client Information

**PLEASE NOTE: WE ONLY BILL THE SUBMITTING INSTITUTION. WE DO NOT BILL THIRD PARTIES OR PATIENTS. THANK YOU**

Requesting Physician: _____	Phone: _____	Fax: _____
Institution: _____	Phone: _____	Fax: _____
Address: _____		

### Patient Information

### Diagnosis\*

Name _____ <small>(Last Name First)</small>	_____
Patient ID/ MR#: _____	_____
Date of Birth: _____ <small>Month Day Year</small>	_____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

*\*While your diagnosis may be presumptive, the diagnosis should be sufficient to establish the medical necessity for the test.*

### Specimen Information

### Test Request (CPT CODE) Specimen Type

Collection Date: _____  Collection Time: _____  Specimen ID #: _____  Specimen type submitted: <input type="checkbox"/> Whole Blood <input type="checkbox"/> Blood Spot <input type="checkbox"/> Plasma <input type="checkbox"/> Washed RBCs <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input type="checkbox"/> Aldolase (82085) Serum <input type="checkbox"/> Alpha 1-antitrypsin (82103) Feces <input type="checkbox"/> Amino Acids (82136) Plasma (Phe, Tyr, Tryp only!) <input type="checkbox"/> Amino Acids (82139) CSF <input type="checkbox"/> Amino Acids (82139) Plasma <input type="checkbox"/> Asparagine (82136) Plasma <input type="checkbox"/> Biotpterin profiles Biotpterin metabolites (82491) Urine Dihydropteridine reductase (82657) blood spots <input type="checkbox"/> Busulfan Tolerance Test (80299) Plasma <input type="checkbox"/> Carbohydrate Deficient Transferrins (82491) Serum <input type="checkbox"/> Carnitine (82379) Plasma  <input type="checkbox"/> Galactokinase (82759) washed RBCs <input type="checkbox"/> Galactose (82760) Plasma <input type="checkbox"/> Galactose 1-phosphate (84311) washed RBCs <input type="checkbox"/> Galactose 1-phosphate uridylyltransferase (GALT), quantitative (82775) Whole blood <input type="checkbox"/> Galactose 1-phosphate uridylyltransferase (GALT), electrophoresis (82664) Whole blood	<input type="checkbox"/> Glutamine (82136) Plasma <input type="checkbox"/> Beta-Hexosaminidase A (83080) Plasma <input type="checkbox"/> Homocysteine, total (83090) Plasma <input type="checkbox"/> Homovanillic acid (HVA) (83150) Urine <input type="checkbox"/> 5-Hydroxyindoleacetic acid (5-HIAA) (83150) Urine <input type="checkbox"/> Lactate/ pyruvate (83605) TCA extract-whole blood, CSF <input type="checkbox"/> Mucopolysaccharides (82489) Urine, TLC <input type="checkbox"/> Neopterin (82491) Serum <input type="checkbox"/> Orotic acid (82491) Urine <input type="checkbox"/> Phenylalanine/ tyrosine (82491) Plasma <input type="checkbox"/> Sulfite Screen (81002) urine <input type="checkbox"/> UDP Gal-4-epimerase (82657) RBC <input type="checkbox"/> Vanillylmandelic acid (84585) Urine  <input type="checkbox"/> Vitamin D 25 hydroxy (D <sub>2</sub> ,D <sub>3</sub> ) (82306) Serum
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**Specimens should be sent to:**

Department of Pathology & Laboratory Medicine  
 Duque Building, 2<sup>nd</sup> Floor, Attn: Dr Fu  
 Childrens Hospital Los Angeles  
 4650 Sunset Blvd.  
 Los Angeles, CA 90027