



NBS Follow-Up Request Form

106 Gregor Mendel Circle • Greenwood, SC 29646

Toll Free: (800) 473-9411 • Fax: (864) 941-8141

Website: www.GGC.org Highlighted boxes are required

LAB USE ONLY

Patient Information (Please Print):

Last Name		First		MI	Address		
Race <input type="checkbox"/> Af-Amer <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Other:		Sex <input type="checkbox"/> M <input type="checkbox"/> F		DOB MM / DD / YYYY		City, State, Zip	
Specimen Collection Date MM / DD / YYYY		Type of specimen		ICD10 Code P09		Numeric Identifier (MR # or SS #)	
Home telephone		Mother's name					
Clinical Indication Positive Newborn Screening for: <input type="checkbox"/> Acylcarnitines _____ <input type="checkbox"/> Amino acids _____ <input type="checkbox"/> Biotinidase _____ <input type="checkbox"/> GALT/GAO _____ <input type="checkbox"/> SUAC _____							

Referring Physician:

Name		Address	
Institution		City, State, Zip	
NPI#		Telephone	Fax

Additional report to:

Name		Address	
Telephone	Fax	City, State, Zip	

Billing: For in-state insurance billing, include copy of card, policyholder's name, DOB, and relationship to patient. Out-of-state insurance billing is not available. Institutional billing or MasterCard/Visa is also accepted.

Institution/Organization		Telephone		Fax
Address		City, State, Zip		
MasterCard #	Visa # (circle one)	Exp. Date	Signature	Auth/Precert #

Please send the following specimens along with this requisition form via standard overnight shipping on Monday - Thursday or via courier.

- Serum - Red top tube, spin down and send frozen
- Urine - Send frozen
- Plasma - Sodium heparin (green top) tube - ship overnight or spin down and send frozen (preferred)
- Leukocytes - Sodium heparin tube - must arrive within 24 hours of draw at room temp
- Cell pellet - Sample remaining after plasma is removed from sodium heparin tube - send at room temperature
- Red blood cells - Sodium heparin tube - send at room temp
- Blood for Gene Studies - EDTA (purple top) tube or cell pellet - send at room temperature
- Dried Blood Spot (DBS) - Fill at least 3 circles with one drop of blood for each circle. Dry spots 3-4 hours prior to sending.

ANALYTE STUDIES

- Acylcarnitine profile – plasma
- Amino acids - plasma (quantitative)
- Amino acids - urine (quantitative)
- C5-DC (glutaryl carnitine) - urine
- Carnitine, total and free – plasma
- Carnitine, total and free – urine
- Galactose-1-phosphate - red blood cells
- Homocysteine - plasma
- Organic acids - urine (qualitative)
- Other _____
- ENZYME STUDY**
- Biotinidase deficiency (biotinidase) - serum or plasma

GENE STUDIES - blood in EDTA (purple top) tube, cell pellet or DBS

- 3-Methylcrotonylglycinuria (*MCCC1 and MCCC2*)
- Biotinidase (*BTD*)
- Carnitine palmitotransferase 1A deficiency (*CPT1A*)
- Carnitine Palmitoyltransferase II Deficiency (*CPT2*)
- Galactosemia (*GALT*)
- Glutaric Aciduria, type I (*GCDH*)
- MCAD (*ACADM*)
- PKU (*PAH*)
- Primary Carnitine Deficiency (*SLC22A5*)
- VLCAD (*ACADVL*)
- Other _____
- DNA Banking - cell pellet or EDTA tube or DBS