

For New York State patients only, this requisition must be accompanied by the signed Informed Consent document.

PATIENT DEMOGRAPHICS

Patient Name: _____, _____, _____
Last First MI

Date of Birth (MM/DD/YYYY): ____/____/____

Sex: Male Female Chart or MRN #: _____

Because Ursodeoxycholic acid can mask detection of bile acid synthetic disorders, the patient should be temporarily taken off URSO® or ACTIGALL® for 5 DAYS before sample collection.

List Medications:

Is the patient currently on URSO® or ACTIGALL®, or has been within the past month? If yes, please provide the DATES of medication: _____

Clinical History/Preliminary Diagnosis: _____

SAMPLE/SPECIMEN INFORMATION

Sample Type: Urine (1 – 25 mL), Serum (0.5 – 1 mL), Bile (1 – 2 mL)

Collection Date (MM/DD/YYYY): ____/____/____ Time: _____

Specimen Type: Urine Serum Bile
 Other (specify type): _____

Note: If possible, send urine & serum. Urine is analyzed on all patients. If urine shows evidence of a metabolic abnormality, serum may be required for additional confirmation.

Internal Use only:

Received date: _____
 FL#: _____
 FAB#: _____

ORDERING PHYSICIAN

Physician Name (print): _____

Phone: (_____) _____

Secure Fax: (_____) _____

_____ Date: ____/____/____

Referring Physician Signature (REQUIRED)

BILLING INFORMATION

Billing & Report Mailing Address: _____

Fax number for Results: _____

*****The Laboratory DOES NOT directly bill patients or insurance companies***
 For billing concerns, please call (513) 517-7284.**

SHIPPING INFORMATION

**Shipment Requirements: FROZEN (ON DRY ICE), OVERNIGHT EXPRESS,
 NO WEEKEND DELIVERY**

Ship to:

Clinical Mass Spectrometry Facility, MLC 7019
 Department of Pathology and Laboratory Medicine
 Cincinnati Children's Hospital Medical Center
 3333 Burnet Avenue
 Cincinnati, OH 45229-3039
Phone: (513) 636-4203 **Fax:** (513) 803-5014

BILLING INFORMATION

Test Fee: Call (513) 636-4261
CPT Code: 83789
CCHMC Tax ID: 31-0933936
CLIA: 36D0656333

TEST(S) REQUESTED

If urine & serum are both required, please check both boxes.

- Bile Acids, urine by FAB-MS
- Other specimen type by FAB-MS
- Bile Acids Profile, serum by LC-MS
- Atypical Serum Bile Acids, Zellweger Spectrum Disorder by LC-MS