



		CCHMC Tax ID	31-0933936
CPT Code	83789	CLIA	36D0656333

Sample Types: Urine 1-25mL Serum 0.5-1mL; Bile Fluid 1-2mL

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

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.

Shipment Requirements:

FROZEN (ON DRY ICE), OVERNIGHT Express

***** NO WEEKEND DELIVERY *****

Shipping Address:

Kenneth Setchell

Mass Spectrometry Lab – MLC 7019

Mass Spectrometry Lab – MEC 7019
Cincinnati Children's Hospital Medical Center

3333 Burnet Avenue

Cincinnati, OH 45229-3099

Phone: (513) 636-4203

Fax: (513) 803-5014

BILLING AND REPORT MAILING ADDRESS:**FAX NUMBER FOR RESULTS:**

****The Laboratory DOES NOT directly bill patients or insurance companies**** For Billing Concerns, please call (513) 803-8621

THE FOLLOWING INFORMATION IS REQUIRED FOR EACH SAMPLE

PATIENT NAME:

Date of Birth: / / **Sex:** M F

Chart (or) MRN#:

Sample Collection Date: / /

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

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:

PHYSICIAN NAME (PLEASE PRINT):

Phone: ()

Fax: ()

PHYSICIAN'S SIGNATURE: _____

Date: