



MNG LABORATORIES

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NEUROCHEMISTRY AND METABOLIC TEST REQUEST FORM

No Sunday or Holiday Deliveries Accepted | CLIA License #11D0703390, State of Georgia License #060-381

VISIT WWW.MNGLABS.COM/SUPPORT TO SUBMIT QUESTIONS BY SECURE HIPAA-COMPLIANT EMAIL FOR RAPID RESPONSE TO QUESTIONS.
VISIT WWW.MNGLABS.COM/TESTS FOR DESCRIPTIONS OF EACH GENE AND EACH TEST, AS WELL MOLECULAR DIFFERENTIAL DIAGNOSIS SEARCH.
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PATIENT NAME: _____ **DOB:** _____

METABOLIC

CSF

- (MET01) CSF AMINO ACIDS
- (MET07) CSF LACTATE
- (MET11) CSF PYRUVATE
- (NC01) CSF 5-METHYLtetrahydrofolate
- (NC02) CSF NEOPTERIN [MARKER FOR CNS IMMUNE SYSTEM STIMULATION]
- (NC03) CSF Tetrahydrobiopterin and Neopterin Profile
- (NC04) CSF Neurotransmitter Metabolites 5HIAA, HVA, 3OMD
[INCLUDES BIOMARKERS FOR PYRIDOXINE RESPONSIVE SEIZURES]
- (NC05) CSF PYRIDOXAL 5'-PHOSPHATE [PYRIDOX[AM]INE PHOSPHATE
OXIDASE DEFICIENCY + CNS PYRIDOXAL 5'-PHOSPHATE DEFICIENCY]
- (NC06) CSF SUCCINYLADENOSINE [ADENYLOSUCCINATE LYASE DEFICIENCY]
- (NC07) CSF SIALIC ACID [DISORDERS WITH HYPOMYELINATION OF UNKNOWN
ETIOLOGY /SIALIC ACID STORAGE DISORDERS]
- (NC08) CSF ALPHA-AMINOADIPIC SEMIALDEHYDE [PYRIDOXINE-RESPONSIVE
SEIZURES]
- (NC09) CSF 4-HYDROXYBUTYRIC ACID [SUCCINIC SEMIALDEHYDE
DEHYDROGENASE DEFICIENCY]
- (NC10) CSF GLUCOSE (GLUCOSE TRANSPORTER DEFICIENCY)

BLOOD AND MUSCLE

- (MET02) AMINO ACIDS [PLASMA]
- (MET04) COENZYME Q10 LEVEL [LEUKOCYTES]
- (MET05) COENZYME Q10 LEVEL [MUSCLE]
- (MET08) LACTATE [PLASMA]
- (MET09) PHENYLALANINE LOADING ASSAY [PLASMA]
- (MET10) PYRUVATE* [BLOOD]
- (MET12) THYMIDINE AND DEOXYURIDINE [PLASMA]
- (MET23) CREATINE & GUANIDINOACETATE [PLASMA]
- (MET24) GLUCOSE [PLASMA]

URINE

- (MET03) AMINO ACIDS [URINE]
- (MET14) ORGANIC ACIDS [URINE]
- (MET19) CREATINE & GUANIDINOACETATE [URINE]
- (MET20) ALPHA-AMINOADIPIC SEMIALDEHYDE [URINE; FOR PYRIDOXINE-
RESPONSIVE SEIZURES]

ENZYMOLGY

BLOOD

- (ENZ01) AROMATIC L-AMINO ACID DECARBOXYLASE [AADC] ENZYMOLOGY
[PLASMA]
- (ENZ06) THYMIDINE PHOSPHORYLASE ENZYMOLOGY [WHOLE BLOOD ACD]

IMMUNOASSAYS

- (MET22) FOLATE RECEPTOR ANTIBODY ASSAY [PLASMA, SERUM; CEREBRAL
FOLATE DEFICIENCY]
- (MET25) FOLATE RECEPTOR ANTIBODY ASSAY [CSF; CEREBRAL FOLATE
DEFICIENCY]

GENETIC TESTING

DELETION/DUPLICATION [DEL/DUP] TESTING FOR SELECTED GENES IS IN GREY
BOXES. GENES ARE OFFERED AS ONLY DEL/DUP TESTING OR AS COMBINATION
TESTING (GENE SEQUENCING + MLPA [DEL/DUP]).

NEXT-GENERATION SEQUENCING

- (NGS344) AICARDI- GOUTIERES SYNDROMES; 6 GENES
- (NGS315) NEUROTRANSMITTER METABOLISM; 93 GENES
- (NGS316) DOPAMINE METABOLISM; 14 GENES
- (NGS310) GABA METABOLISM; 22 GENES
- (NGS317) SEROTONIN METABOLISM; 27 GENES
- (NGS318) TETRAHYDROFOLATE METABOLISM; 15 GENES
- (NGS320) TYROSINEMIA; 4 GENES

SINGLE GENE SANGER SEQUENCING

- | | |
|---|---|
| <input type="checkbox"/> (MOL309) ADAR | <input type="checkbox"/> (MOL125) ALDH5A1 |
| <input type="checkbox"/> (MOL030) ALDH7A1 | <input type="checkbox"/> (MOL306) ARHGEF9 |
| <input type="checkbox"/> (MOL141) DBH | <input type="checkbox"/> (MOL025) DDC |
| <input type="checkbox"/> (MOL237) DHFR | <input type="checkbox"/> (MOL166) FOLR1 |

- + (MOL060) GCH1
- (MOL234) GCH1+MLPA [DEL/DUP]
- (MOL215) GCH1 MLPA [DEL/DUP ONLY]
- + (MOL212) GLDC
- (MOL236) GLDC+MLPA [DEL/DUP]
- (MOL219) GLDC MLPA [DEL/DUP ONLY]

- | | |
|--|--|
| <input type="checkbox"/> (MOL116) GLRA1 | <input type="checkbox"/> (MOL120) GLRB |
| <input type="checkbox"/> (MOL251) GPHN | <input type="checkbox"/> (MOL171) MTHFR |
| <input type="checkbox"/> (MOL226) PC | <input type="checkbox"/> (MOL349) PAH |
| <input type="checkbox"/> (MOL074) PNPO | <input type="checkbox"/> (MOL247) PDXK |
| <input type="checkbox"/> (MOL117) QDPR | <input type="checkbox"/> (MOL096) PTS |
| <input type="checkbox"/> (MOL118) RNASEH2B | <input type="checkbox"/> (MOL124) RNASEH2A |
| <input type="checkbox"/> (MOL172) SAMHD1 | <input type="checkbox"/> (MOL168) RNASEH2C |
| <input type="checkbox"/> (MOL095) SLC18A2 | <input type="checkbox"/> (MOL095) SLC18A2 |
| <input type="checkbox"/> (MOL097) SLC6A3 | <input type="checkbox"/> (MOL228) SLC1A3 |
| <input type="checkbox"/> (MOL127) SLC6A5 | <input type="checkbox"/> (MOL252) SLC6A4 |
| <input type="checkbox"/> (MOL091) TH | <input type="checkbox"/> (MOL126) SPR |
| <input type="checkbox"/> (MOL092) TPH2 | |
| <input type="checkbox"/> (MOL119) TREX1 | |

GENE SEQUENCING PANELS [SANGER]

- + (MOL181) AICARDI-GOUTIERES (6 GENES- ADAR, RNASEH2A,
RNASEH2B, RNASEH2C, SAMHD1, TREX1)
- (MOL279) AICARDI-GOUTIERES (6 GENES) + MLPA [DEL/DUP]
- (MOL284) AICARDI-GOUTIERES PANEL MLPA [DEL/DUP ONLY]

- (MOL178) DOPA-RESPONSIVE DYSTONIA (3 GENES- GCH1, SPR, TH)

- + (MOL180) HYPEREKPLEXIA (5 GENES- ARHGEF9, GLRA1, GLRB,
GPHN, SLC6A5)
- (MOL297) HYPEREKPLEXIA (5 GENES) +MLPA [DEL/DUP INCLUDED]
- (MOL285) HYPEREKPLEXIA PANEL MLPA: [DEL/DUP ONLY FOR GLRA1,
GLRB, SLC6A5]



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PATIENT NAME:	DOB:
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PATIENT AND SPECIMEN INFORMATION

PATIENT LAST NAME		PATIENT FIRST NAME	
PATIENT ID #		DATE OF BIRTH [MM/DD/YYYY]	
DIAGNOSIS/ICD-10		COLLECTION DATE [MM/DD/YYYY]	
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SPECIMEN TYPE	<input type="checkbox"/> WHOLE BLOOD <input type="checkbox"/> FIBROBLASTS <input type="checkbox"/> URINE <input type="checkbox"/> SKIN [FOR CULTURE] <input type="checkbox"/> PLASMA <input type="checkbox"/> CSF <input type="checkbox"/> BUCCAL SWAB <input type="checkbox"/> MUSCLE <input type="checkbox"/> DNA [DNA ISOLATION TISSUE]

REFERRING PHYSICIAN INFORMATION

REFERRING PHYSICIAN NAME	SIGNATURE
REFERRING PHYSICIAN NPI # (REQUIRED)	
FACILITY/ORGANIZATION	PHONE
SELECT AND PROVIDE EMAIL OR FAX FOR REPORT DELIVERY	<input type="checkbox"/> EMAIL <input type="checkbox"/> FAX

BILLING INFORMATION

FACILITY RESPONSIBLE FOR PAYMENT	PHONE
FACILITY CONTACT PERSON	EMAIL
FACILITY BILLING ADDRESS 1	FAX
FACILITY BILLING ADDRESS 2	
CITY, STATE, ZIP CODE	

RESULTS (SENT BY SECURE HIPAA-COMPLIANT EMAIL OR FAX)

	AUTHORIZED RESULTS RECIPIENT 1	AUTHORIZED RESULTS RECIPIENT 2
NAME		
FACILITY		
PHONE		
MARK BOX AND FILL IN INFORMATION FOR PREFERRED RESULTS TRANSMISSION METHOD		
FAX	<input type="checkbox"/>	<input type="checkbox"/>
EMAIL	<input type="checkbox"/>	<input type="checkbox"/>

**CLINICAL INFORMATION: PLEASE INCLUDE/ ATTACH CLINICAL INFORMATION
CLINICAL INFORMATION FORM AVAILABLE AT MNGLABS.COM/FORMS**