

Reporting Title: Frataxin, Quant, BS
Performing Location: Rochester

Necessary Information:
Provide a reason for testing with each specimen.

Specimen Requirements:
Supplies: Card-Blood Spot Collection (Filter Paper) (T493)
Container/Tube:
Preferred: Blood spot collection card
Acceptable: PerkinElmer 226 (formerly Ahlstrom 226) Filter Paper and Whatman Protein Saver 903 Paper
Specimen Volume: 2 blood spots
Collection Instructions:

1. An alternative blood collection option for a patient older than 1 year is a fingerstick. For detailed instructions, see [How to Collect Dried Blood Spot Samples](#).
2. Let blood dry on the filter paper at ambient temperature in a horizontal position for a minimum of 3 hours.
3. Do not expose specimen to heat or direct sunlight.
4. Do not stack wet specimens.
5. Keep specimen dry.

Additional Information:
1. For collection instructions, see [Blood Spot Collection Instructions](#)
2. For collection instructions in Spanish, see [Blood Spot Collection Card-Spanish Instructions](#) (T777)
3. For collection instructions in Chinese, see [Blood Spot Collection Card-Chinese Instructions](#) (T800)

Forms:
1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file. The following documents are available:
-[Informed Consent for Genetic Testing](#) (T576)
-[Informed Consent for Genetic Testing-Spanish](#) (T826)
2. [Biochemical Genetics Patient Information](#) (T602)
3. [If not ordering electronically, complete, print, and send a Biochemical Genetics Test Request](#) (T798) with the specimen.

Specimen Type	Temperature	Time	Special Container
Whole blood	Ambient (preferred)	30 days	FILTER PAPER
	Frozen	30 days	FILTER PAPER
	Refrigerated	30 days	FILTER PAPER

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
32249	Reason for Referral	Alphanumeric		42349-1
32250	Method	Alphanumeric		85069-3

32251	Frataxin	Numeric	ng/mL	80980-6
32252	Interpretation	Alphanumeric		59462-2

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83520

Reference Values:

Pediatric (<18 years) normal frataxin: > or =15 ng/mL

Adults (> or =18 years) normal frataxin: > or =21 ng/mL