

Reporting Title: Mucopolysaccharides Quant, S

Performing Location: Rochester

Ordering Guidance:

This test alone is not diagnostic for a specific mucopolysaccharidosis. Follow-up testing must be performed to confirm a diagnosis.

- Necessary Information:
1. Patient's age is required.
 2. Reason for testing is required.
 3. [Biochemical Genetics Patient Information](#) (T602) is recommended. This information aids in providing a more thorough interpretation of results. Send information with specimen.

Specimen Requirements:

Patient Preparation: Do not administer low-molecular weight heparin prior to collection.

Collection Container/Tube: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Pediatric: 0.2 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

- Forms:
1. [Biochemical Genetics Patient Information](#) (T602)
 2. [If not ordering electronically, complete, print, and send a Biochemical Genetics Test Request](#) (T798) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum Red	Refrigerated (preferred)	90 days	
	Frozen	90 days	
	Ambient	14 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
MPSER	BG714	Reason for Referral: <ul style="list-style-type: none">• Rule out Mucopolysaccharidoses• Follow up of abnormal newborn screening• Known patient on treatment• Known GM1 patient• Known MPS I patient• Known MPS II patient• Known MPS III patient• Known MPS IVA patient• Known MPS IVB patient• Known MPS VI patient	Answer List	Yes

		<div><div>• Known MPS VII patient</div><div>• Known MSD patient</div><div>• Known Fucosidosis patient</div><div>• Not Provided</div></div>		
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Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
BG714	Reason for Referral	Alphanumeric		42349-1
604908	Dermatan Sulfate	Numeric	ng/mL	2203-8
604909	Heparan Sulfate	Numeric	ng/mL	93725-0
604910	Total Keratan Sulfate	Alphanumeric	ng/mL	93724-3
604911	Interpretation (MPSER)	Alphanumeric		59462-2
604907	Reviewed By	Alphanumeric		18771-6

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

Supplemental Report:

No

CPT Code Information:

83864

Reference Values:

DERMATAN SULFATE

< or =300.00 ng/mL

HEPARAN SULFATE

< or =55.00 ng/mL

TOTAL KERATAN SULFATE

< or =5 years: < or =1800.00 ng/mL

6-18 years: < or =1500.00 ng/mL

> or =19 years: < or =1200.00 ng/mL