

Reporting Title: Mucopolysaccharides Quant, U
Performing Location: Rochester

Ordering Guidance:

This test alone is not appropriate for the diagnosis of a specific mucopolysaccharidosis (MPS). Follow-up enzymatic or molecular genetic testing must be performed to confirm a diagnosis of an MPS.

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
Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Container/Tube: Plastic, 5-mL urine tube
Specimen Volume: 2 mL
Pediatric Volume: 1 mL
Collection Instructions: Collect a random urine specimen (early morning preferred).

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
Urine	Refrigerated (preferred)	90 days	
	Frozen	365 days	
	Ambient	7 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
MPSQU	BG716	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	Answer List	Yes

		<ul style="list-style-type: none">Known MPS VI patientKnown MPS VII patientKnown MSD patientKnown Fucosidosis patientNot Provided		
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Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
BG716	Reason for Referral	Alphanumeric		42349-1
605986	Dermatan Sulfate	Numeric	mg/mmol Cr	94692-1
605987	Heparan Sulfate	Numeric	mg/mmol Cr	94693-9
605988	Chondroitin-6 Sulfate	Numeric	mg/mmol Cr	94690-5
605989	Keratan Sulfate	Alphanumeric	mg/mmol Cr	92806-9
605990	Interpretation	Alphanumeric		59462-2
605985	Reviewed By	Alphanumeric		18771-6

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

Supplemental Report:

No

CPT Code Information:

83864
82570

Reference Values:

DERMATAN SULFATE

< or =1.00 mg/mmol creatinine

HEPARAN SULFATE

< or =4 years: < or =0.50 mg/mmol creatinine

> or =5 years: < or =0.25 mg/mmol creatinine

CHONDROITIN-6 SULFATE

< or =24 months: < or =10.00 mg/mmol creatinine

25 months-10 years: < or =2.50 mg/mmol creatinine

> or =11 years: < or =1.50 mg/mmol creatinine

KERATAN SULFATE

< or =12 months: < or =2.00 mg/mmol creatinine

13-24 months: < or =1.50 mg/mmol creatinine

25 months-4 years: < or =1.00 mg/mmol creatinine

5-18 years: < or =0.50 mg/mmol creatinine
> or =19 years: < or =0.30 mg/mmol creatinine