
Reporting Title: Congenital Lactic Acidosis Panel

Performing Location: Rochester

Ordering Guidance:

The recommended first-tier tests to screen for an underlying biochemical etiology for congenital lactic acidosis (CLA) are a combination of the following:

Lactic acid in blood

LASF1 / Lactic acid, Spinal Fluid

ACRN / Acylcarnitines, Quantitative, Plasma

OAU /Organic Acids Screen, Random, Urine

AAQP / Amino Acids, Quantitative, Plasma

PDHC / Pyruvate Dehydrogenase Complex, Fibroblasts

Pyruvate carboxylase activity

Customization of this panel and single gene analysis for any gene present on this panel is available. For more information see CGPH / Custom Gene Panel, Hereditary, Next-Generation Sequencing, Varies.

Shipping Instructions:

Specimen preferred to arrive within 96 hours of collection.

Specimen Requirements:

Patient Preparation: A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

Submit only 1 of the following specimens:

Specimen Type: Whole blood

Container/Tube:

Preferred: Lavender top (EDTA) or yellow top (ACD)

Acceptable: Any anticoagulant

Specimen Volume: 3 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send specimen in original tube. **Do not** aliquot.

Specimen Stability Information: Ambient (preferred) 4 days/Refrigerated 14 days

Specimen Type: Skin biopsy

Supplies: Fibroblast Biopsy Transport Media (T115)

Container/Tube: Sterile container with any standard cell culture media (eg, minimal essential media, RPMI 1640). The solution should be supplemented with 1% penicillin and streptomycin.

Specimen Volume: 4-mm punch

Specimen Stability Information: Refrigerated (preferred)/Ambient

Additional Information: A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks is required to culture fibroblasts before genetic testing can occur.

Specimen Type: Cultured fibroblast

Container/Tube: T-25 flask

Specimen Volume: 2 Flasks

Collection Instructions: Submit confluent cultured fibroblast cells from a skin biopsy from another laboratory. Cultured cells from a prenatal specimen will not be accepted.

Specimen Stability Information: Ambient (preferred)/Refrigerated (<24 hours)

Additional Information: A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks is required to culture fibroblasts before genetic testing can occur.

Specimen Type: Blood spot

Supplies: Card-Blood Spot Collection (Filter Paper) (T493)

Container/Tube:

Preferred: Collection card (Whatman Protein Saver 903 Paper)

Acceptable: PerkinElmer 226 (formerly Ahlstrom 226) filter paper, or blood spot collection card

Specimen Volume: 5 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.

Specimen Stability Information: Ambient (preferred)/Refrigerated

Additional Information:

1. Due to lower concentration of DNA yielded from blood spot, it is possible that additional specimen may be required to complete testing.

2. For collection instructions, see [Blood Spot Collection Instructions](#)

3. For collection instructions in Spanish, see [Blood Spot Collection Card-Spanish Instructions](#) (T777)

4. 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 in Special Instructions:
[-Informed Consent for Genetic Testing](#) (T576)
[-Informed Consent for Genetic Testing \(Spanish\)](#) (T826)

2. [Molecular Genetics: Biochemical Disorders Patient Information](#) (T527) in Special Instructions

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
608632	Test Description	Alphanumeric		62364-5
608633	Specimen	Alphanumeric		31208-2

608634	Source	Alphanumeric		31208-2
608635	Result Summary	Alphanumeric		50397-9
608636	Result	Alphanumeric		82939-0
608637	Interpretation	Alphanumeric		69047-9
608638	Resources	Alphanumeric		99622-3
608639	Additional Information	Alphanumeric		48767-8
608640	Method	Alphanumeric		85069-3
608641	Genes Analyzed	Alphanumeric		48018-6
608642	Disclaimer	Alphanumeric		62364-5
608643	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

- 81443
- 81460
- 81465
- 88233-Tissue culture, skin, solid tissue biopsy (if appropriate)
- 88240-Cryopreservation (if appropriate)
- 81479 (if appropriate for government payers)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
CULFB	Fibroblast Culture for Genetic Test	1	88233	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
CULFB	52327	Result Summary	Alphanumeric		50397-9
CULFB	52329	Interpretation	Alphanumeric		69965-2
CULFB	52328	Result	Alphanumeric		82939-0
CULFB	CG770	Reason for Referral	Alphanumeric		42349-1
CULFB	CG899	Specimen	Alphanumeric		31208-2
CULFB	52331	Source	Alphanumeric		31208-2
CULFB	52332	Method	Alphanumeric		85069-3
CULFB	54625	Additional Information	Alphanumeric		48767-8
CULFB	52333	Released By	Alphanumeric		18771-6

Reference Values:

An interpretive report will be provided.