

**Reporting Title:** Plasmalogens, RBC  
**Performing Location:** Rochester

**Additional Testing Requirements:**  
If peroxisomal biogenesis disorders (Zellweger syndrome spectrum) are suspected, also order very long chain fatty acids (POX / Fatty Acid Profile, Peroxisomal [C22-C26], Serum; or POXP / Fatty Acid Profile, Peroxisomal [C22-C26], Plasma), bile acids (BAIPD / Bile Acids for Peroxisomal Disorders, Serum), and pipecolic acid (PIPU / Pipecolic Acid, Random, Urine).

If rhizomelic chondrodysplasia punctata (RCDP) is suspected, also order very long chain fatty acids (POX / Fatty Acid Profile, Peroxisomal [C22-C26], Serum), which includes phytanic and pristanic acid analysis.

**Shipping Instructions:**  
Whole blood should be sent refrigerated.

**Necessary Information:**

- Reason for testing is required
- Date of blood transfusion, if performed.
- [Biochemical Genetics Patient Information](#) (T602) is recommended, but not required, to be filled out and sent with the specimen to aid in the interpretation of test results.

**Specimen Requirements:**  
**Patient Preparation:** Specimen must be collected either prior to or 6 weeks after a blood transfusion.  
**Specimen Type:** Whole Blood  
**Container/Tube:**  
**Preferred:** Lavender top (EDTA)  
**Acceptable:** Green top (sodium or lithium heparin), yellow top (ACD solution A or B)  
**Specimen Volume:** 5 mL  
**Collection Instructions:** Send specimen in original tube. **Do not aliquot.**

**Forms:**

- [Biochemical Genetics Patient Information](#) (T602) (recommended, but not required)
- 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	Refrigerated (preferred)	14 days	
	Ambient	14 days	

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
PGRBC	BG726	Reason for Referral: <ul style="list-style-type: none"><li>Follow up abnormal NBS for C26 LPC</li><li>MRI findings</li></ul>	Answer List	Yes

		<ul style="list-style-type: none"><li>• Molecular findings</li><li>• Skeletal abnormalities</li><li>• Treatment monitoring</li><li>• Not provided</li></ul>		
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Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
609676	Hexadecanal-Dimethylacetal, C16 DMA	Numeric	mcg/mL	In Process
609677	Octadecanal-Dimethylacetal, C18 DMA	Numeric	mcg/mL	In Process
609678	9Z-Octadecenal-DiMe acetal C18:1DMA	Numeric	mcg/mL	In Process
609681	C16 DMA/C16:0	Alphanumeric		In Process
609682	C18 DMA/C18:0	Alphanumeric		In Process
BG726	Reason for Referral	Alphanumeric		42349-1
609684	Reviewed By	Alphanumeric		18771-6
609685	Interpretation	Alphanumeric		59462-2

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

Supplemental Report:

No

CPT Code Information:

82542

Reference Values:

Hexadecanal-Dimethylacetal, C16:0 DMA:  
> or =6.00 mcg/mL

Octadecanal-Dimethylacetal, C18:0 DMA:  
> or =9.00 mcg/mL

9Z-Octadecenal-DiMethylacetal C18:1 DMA:  
> or =2.00 mcg/mL

C16:0 DMA/C16:0:  
> or =0.018

C18:0 DMA/C18:0:  
> or =0.040