
Reporting Title: Arylsulfatase B, BS**Performing Location:** Rochester**Necessary Information:**

1. Patient's age is required
2. Reason for testing is required

Specimen Requirements:**Submit only 1 of the following specimen types:****Preferred:****Specimen Type:** Blood spot**Supplies:** Card-Blood Spot Collection (Filter Paper) (T493)**Container/Tube:****Preferred:** Blood Spot Collection Card**Acceptable:** Whatman Protein Saver 903 Paper, PerkinElmer 226 filter paper, Munktell filter paper, or blood collected in tubes containing ACD or EDTA and dried on filter 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. At least 2 spots should be complete (ie, unpunched).
3. Let blood dry on filter paper at room temperature in a horizontal position for a minimum of 3 hours.
4. Do not expose specimen to heat or direct sunlight.
5. Do not stack wet specimens.
6. Keep specimen dry.

Specimen Stability Information: Refrigerated (preferred) 60 days/Ambient 7 days/Frozen 60 days**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)

Acceptable:**Specimen Type:** Whole Blood**Container/Tube:****Preferred:** Lavender top (EDTA)**Acceptable:** Yellow top (ACD)**Specimen Volume:** 2 mL**Collection Instructions:** Send whole blood specimen in original tube. **Do not aliquot.****Specimen Stability Information:** Refrigerate (preferred) 7 days/Ambient 48 hours**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	Varies		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
ARSBB	BG745	Reason for Referral: <ul style="list-style-type: none">• Rule out MPS VI• Follow up of known MPS VI• Not Provided	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
BG745	Reason for Referral	Alphanumeric		42349-1
616834	Arylsulfatase B	Numeric	nmol/mL/h	55912-0
618415	Interpretation	Alphanumeric		59462-2
618414	Reviewed By	Alphanumeric		18771-6

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

Supplemental Report:

No

CPT Code Information:

82657
83864 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
MPSBS	Mucopolysaccharidosis, BS	1	83864	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
MPSBS	43693	Dermatan Sulfate	Numeric	nmol/L	90233-8
MPSBS	43694	Heparan Sulfate	Numeric	nmol/L	90235-3
MPSBS	43695	Interpretation (MPSBS)	Alphanumeric		59462-2

MPSBS	43696	Reviewed By	Alphanumeric		18771-6
MPSBS	BA2869	Total Keratan Sulfate	Alphanumeric	nmol/L	90236-1

Reference Values:

>0.90 nmol/mL/hour

An interpretive report will be provided.