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**Reporting Title:** MPS IV Panel, 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
MPS4B	BG753	Reason for Referral: <ul style="list-style-type: none"><li>• Rule out MPS IV</li><li>• Follow up of known MPS IVA</li><li>• Follow up of known MPS IVB</li><li>• Follow up of known GM1</li><li>• Not Provided</li></ul>	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
BG753	Reason for Referral	Alphanumeric		42349-1
618424	N-acetylgalactosamine-6-sulfatase	Numeric	nmol/mL/h	88019-5
618425	Beta-galactosidase	Numeric	nmol/mL/h	55916-1
618426	Interpretation	Alphanumeric		59462-2
618423	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:

N-acetylgalactosamine-6-sulfatase: >0.70 nmol/mL/hour

Beta-galactosidase: >1.30 nmol/mL/hour

An interpretive report will be provided.