

Test Definition: MPS4W

Mucopolysaccharidosis IV Enzyme Panel, Leukocytes

Reporting Title: MPS IV Panel, WBC

Performing Location: Rochester

Shipping Instructions:

For optimal isolation of leukocytes, it is recommended the specimen arrive refrigerated within 6 days of collection to be stabilized. Collect specimen Monday through Thursday only and not the day before a holiday. Specimen should be collected and packaged as close to shipping time as possible.

Necessary Information:

1. Patient's age is required.

2. Reason for testing is required.

Specimen Requirements:

Container/Tube:

Preferred: Yellow top (ACD solution B)

Acceptable: Yellow top (ACD solution A) or lavender top (EDTA)

Specimen Volume: 6 mL

Collection Instructions: Send whole blood specimen in original tube. Do not aliquot.

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. <u>Biochemical Genetics Patient Information</u> (T602)
- 3. If not ordering electronically, complete, print, and send a <u>Biochemical Genetics Test Request</u> (T798) with the specimen.

| Specimen Type | Temperature | Time | Special Container |
|-----------------|--------------------------|--------|-------------------|
| Whole Blood ACD | Refrigerated (preferred) | 6 days | |
| | Ambient | 6 days | |

Ask at Order Entry (AOE) Questions:

| Test ID | Question ID | Description | Туре | Reportable |
|---------|-------------|----------------------------|-------------|------------|
| MPS4W | BG769 | Reason for Referral: | Answer List | Yes |
| | | Rule out MPS IV | | |
| | | Follow up of known MPS IVA | | |
| | | Follow up of known MPS IVB | | |
| | | Follow up of known GM1 | | |
| | | Not Provided | | |

Result Codes:



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| Result ID | Reporting Name | Туре | Unit | LOINC® |
|-----------|-----------------------------------|--------------|----------------|---------|
| BG769 | Reason for Referral | Alphanumeric | | 42349-1 |
| 618462 | N-acetylgalactosamine-6-sulfatase | Numeric | nmol/h/mg Prot | 24096-0 |
| 618463 | Beta-galactosidase | Numeric | nmol/h/mg Prot | 24061-4 |
| 618464 | Interpretation | Alphanumeric | | 59462-2 |
| 618461 | Reviewed By | Alphanumeric | | 18771-6 |

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

Supplemental Report:

No

CPT Code Information:

82657

Reference Values:

N-acetylgalactosamine-6-sulfatase: >1.60 nmol/hour/mg protein

Beta-galactosidase: >0.28 nmol/hour/mg protein

An interpretive report will be provided.