

Reporting Title: Galactitol, QN, U
Performing Location: Rochester

Ordering Guidance:
To monitor dietary ingestion of galactose, order GAL1P / Galactose-1-Phosphate, Erythrocytes.

Necessary Information:
Patient's age is required.

Specimen Requirements:
Supplies: Urine Tubes, 10 mL (T068)
Container/Tube: Plastic, 10-mL urine tube
Specimen Volume: 2 mL
Collection Instructions:
1. Collect a random urine specimen.
2. No preservative.

Forms:
[If not ordering electronically, complete, print, and send a Biochemical Genetics Test Request](#) (T798) with the specimen.

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	28 days	
	Frozen	28 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
35831	Galactitol	Numeric	mmol/mol Cr	47857-8
35832	Interpretation (GATOL)	Alphanumeric		59462-2
35833	Reviewed By	Alphanumeric		18771-6

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

Supplemental Report:
No

CPT Code Information:
82542

Reference Values:
0-11 months: <109 mmol/mol creatinine
1-3 years: <52 mmol/mol creatinine
4-17 years: <16 mmol/mol creatinine
> or =18 years: <13 mmol/mol creatinine

