

**Reporting Title:** Gal-1-Phos Urdyltrns Phenotype,RBC  
**Performing Location:** Rochester

**Ordering Guidance:**

The preferred test to evaluate for possible diagnosis of galactosemia, routine carrier screening, and follow-up of abnormal newborn screening results is GCT / Galactosemia Reflex, Blood.

For monitoring of dietary compliance, order GAL1P / Galactose-1-Phosphate, Erythrocytes.

**Necessary Information:**  
**Patient's age is required.**

**A quantitative galactose-1-phosphate uridyltransferase level (GALT / Galactose-1-Phosphate Uridyltransferase, Blood) is required** for accurate interpretation.

[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:**

Multiple whole blood tests for galactosemia can be performed on 1 specimen. Prioritize order of testing when submitting specimens. For a list of tests that can be ordered together see [Galactosemia-Related Test List](#).

**Container/Tube:** Lavender top (EDTA)  
**Specimen Volume:** 3 mL

**Forms:**

- 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)
- [Biochemical Genetics Patient Information](#) (T602) is recommended.
- 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 EDTA	Refrigerated (preferred)	28 days	
	Ambient	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
80341	Gal-1-Phos Urdyltrns Phenotype,RBC	Alphanumeric		33780-8
34524	Reviewed By	Alphanumeric		18771-6

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

Supplemental Report:

No

CPT Code Information:

82664

82775

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
GALT	Gal-1-P Uridyltransferase, RBC	1	82775	Yes	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
GALT	8333	Gal-1-P Uridyltransferase, RBC	Numeric	nmol/h/mg Hb	24082-0
GALT	2296	Interpretation (GALT)	Alphanumeric		59462-2
GALT	58115	Reviewed By	Alphanumeric		18771-6

Reference Values:

An interpretative report will be provided.