

Reporting Title: Galactose, QN, U

Performing Location: Rochester

**Ordering Guidance:**

This test is **not recommended** for follow-up of positive newborn screening results or for diagnosis of galactosemia. 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 along with GAL1P / Galactose-1-Phosphate, Erythrocytes.

This test is **not appropriate** for monitoring of galactosemia. For monitoring, order GAL1P / Galactose-1-Phosphate, Erythrocytes.

**Necessary Information:**

[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:**

**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)

**Collection Container/Tube:** Clean, plastic urine collection container

**Submission Container/Tube:** Plastic, 5-mL tube

**Specimen Volume:** 1 mL

**Collection Instructions:** Collect a random urine specimen.

**Forms:**

[Biochemical Genetics Patient Information](#) (T602) is recommended.

Specimen Type	Temperature	Time	Special Container
Urine	Frozen (preferred)	365 days	
	Ambient	20 days	
	Refrigerated	20 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
8765	Galactose, QN, U	Numeric	mg/dL	2310-1

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

**Supplemental Report:**

No

**CPT Code Information:**

82760

**Reference Values:**

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<30 mg/dL