

Reporting Title: Carbohydrate, U  
Performing Location: Rochester

**Ordering Guidance:**  
This test is not appropriate for evaluation of an abnormal newborn screen for galactosemia. For those cases, order GCT / Galactosemia Reflex, Blood and consider GAL1P / Galactose-1-Phosphate, Erythrocytes and GATOL / Galactitol, Quantitative, Urine.

**Specimen Requirements:**  
**Supplies:** Urine Tubes, 10 mL (T068)  
**Container/Tube:** Plastic, 10-mL urine tube  
**Specimen Volume:** 5 mL  
**Collection Instructions:** Collect an early-morning (preferred) random urine specimen.

**Forms:**  
[Biochemical Genetics Patient Information](#) (T602) in Special Instructions.

Specimen Type	Temperature	Time	Special Container
Urine	Frozen (preferred)	21 days	
	Refrigerated	21 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
9255	Carbohydrate, U	Alphanumeric		16550-6

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

**Supplemental Report:**  
No

**CPT Code Information:**  
84377-Carbohydrate  
82760-Galactose (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
GALU	Galactose, QN, U	1	82760	No	Yes

Result Codes for Reflex Tests:

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

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**Reference Values:**

Negative

If positive, carbohydrate is identified.