



## Test Definition: C5OHU

C5-OH Acylcarnitine, Quantitative, Random,  
Urine

### Overview

#### Useful For

Evaluation of patients with an abnormal newborn screen showing elevations of 3-hydroxyisovaleryl-/2-methyl-3-hydroxybutyryl-carnitine

#### Genetics Test Information

Elevated 3-hydroxyisovaleryl-/2-methyl-3-hydroxy acylcarnitine (C5-OH) in plasma or newborn screening blood spots is due to one of several biochemical genetic diagnoses: 3-methylcrotonylglycinuria, 3-hydroxy 3-methylglutaryl-CoA lyase deficiency, beta-ketothiolase deficiency, 2-methyl 3-hydroxybutyryl-CoA dehydrogenase deficiency, 3-methylglutaconic aciduria, biotinidase deficiency or holocarboxylase deficiency.

Urine C5-OH is useful in differentiating patients with 3-methylcrotonylglycinuria and with 3-methylglutaconic aciduria as they typically excrete larger amounts of C5-OH in urine compared to patients with the other diagnoses.

#### Highlights

Elevated 3-hydroxyisovaleryl-/2-methyl-3-hydroxy acylcarnitine (C5-OH) in plasma or newborn screening blood spots is due to one of several biochemical genetic diagnoses: 3-methylcrotonylglycinuria, 3-hydroxy 3-methylglutaryl-(HMG)-CoA lyase deficiency, beta-ketothiolase deficiency, 2-methyl 3-hydroxybutyryl-CoA dehydrogenase deficiency, 3-methylglutaconic aciduria, biotinidase deficiency or holocarboxylase deficiency.

Urine C5-OH is useful in differentiating patients with 3-methylcrotonylglycinuria and with 3-methylglutaconic aciduria as they typically excrete larger amounts of C5-OH in urine compared to patients with the other diagnoses.

#### Method Name

Flow Injection Analysis-Tandem Mass Spectrometry (FIA-MS/MS)

#### NY State Available

Yes

### Specimen

#### Specimen Type

Urine

#### Ordering Guidance

This second-tier test is used specifically to evaluate a newborn screening elevation of 3-hydroxyisovaleryl-/2-methyl-3-hydroxy acylcarnitine and **must not** be ordered with either C4U / C4 Acylcarnitine, Quantitative, Random, Urine or C5DCU / C5-DC Acylcarnitine, Quantitative, Random, Urine.

For general screening for metabolic disorders, see OAU / Organic Acids Screen, Random, Urine; ACRN / Acylcarnitines, Quantitative, Plasma; and AAQP / Amino Acids, Quantitative, Plasma.

**Necessary Information**

Patient's age, family history, clinical condition (asymptomatic or acute episode), diet, and drug therapy information is requested but not required.

**Specimen Required**

**Patient Preparation:** If clinically feasible, discontinue L-carnitine supplementation at least 72 hours before specimen collection.

**Supplies:** Urine Tubes, 10 mL (T068)

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

**Submission Container/Tube:** Plastic, 10-mL urine tube

**Specimen Volume:** 5 mL

**Collection Instructions:**

1. Collect a random urine specimen.
2. Freeze specimen immediately.

**Forms**

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

**Specimen Minimum Volume**

1 mL

**Reject Due To**

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Urine	Frozen (preferred)	7 days	
	Refrigerated	24 hours	

**Clinical & Interpretive****Clinical Information**

The differential diagnosis of an isolated elevation of 3-hydroxyisovaleryl-/2-methyl-3-hydroxy acylcarnitine (C5-OH) in plasma or (newborn screening) blood spots includes the following disorders:

- 3-Methylcrotonyl-CoA carboxylase deficiency (common name: 3-methylcrotonylglycinuria), either infantile or maternal
- 3-Hydroxy 3-methylglutaryl-CoA lyase deficiency
- Beta-ketothiolase deficiency
- 2-Methyl 3-hydroxybutyryl-CoA dehydrogenase deficiency
- 3-Methylglutaconic aciduria type I

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-Biotinidase deficiency  
-Holocarboxylase deficiency

Confirmatory and diagnostic testing are necessary to differentiate these clinical entities. This test can be used to differentiate patients with 3-methylcrotonylglycinuria and with 3-methylglutaconic aciduria as they typically excrete larger amounts of C5-OH in urine compared to patients with the other diagnoses.

The American College of Medical Genetics and Genomics Newborn Screening Work Group published diagnostic algorithms for the follow-up of infants who had positive newborn screening results. For more information, see the Practice Resources: ACT Sheets and Algorithms at [www.acmg.net](http://www.acmg.net).

**Reference Values**

<2.93 millimoles/mole creatinine

**Interpretation**

Preliminary data showed that an elevated excretion in urine and concentration in plasma of 3-hydroxyisovaleryl-/2-methyl-3-hydroxy acylcarnitine can be the only biochemical abnormalities in patients with 3-methylcrotonylglycinuria.

**Cautions**

The results of urine acylcarnitines are typically not informative when the patient is receiving L-carnitine supplements.

**Clinical Reference**

1. Wolfe LA, Finegold DN, Vockley J, et al. Potential misdiagnosis of 3-methylcrotonyl-coenzyme A carboxylase deficiency associated with absent or trace urinary 3-methylcrotonylglycine. *Pediatrics*. 2007;120(5):e1335-1340
2. Miller MJ, Cusmano-Ozog K, Oglesbee D, Young S; ACMG Laboratory Quality Assurance Committee: Laboratory analysis of acylcarnitines, 2020 update: a technical standard of the American College of Medical Genetics and Genomics (ACMG). *Genet Med*. 2021;23(2):249-258

**Performance****Method Description**

Acylcarnitines, including 3-hydroxy isovalerylcarnitine, are determined in urine by flow injection analysis tandem mass spectrometry using acetyl-d3-carnitine, propionyl-d3-carnitine, butyryl-d3-carnitine, octanoyl-d3-carnitine, dodecanoyl-d3-carnitine, and palmitoyl-d3-carnitine as internal standards. The supernatant is evaporated and the residue treated with n-butanolic hydrochloric acid yielding the acylcarnitines for analysis as their n-butyl esters.(Tortorelli S, Hahn SH, Cowan TM, Brewster TG, Rinaldo P, Matern D. The urinary excretion of glutarylcarnitine is an informative tool in the biochemical diagnosis of glutaric acidemia type I. *Mol Genet Metab*. 2005;84[2]:137-143)

**PDF Report**

No

**Day(s) Performed**

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Monday, Wednesday, Friday

**Report Available**

2 to 5 days

**Specimen Retention Time**

1 month

**Performing Laboratory Location**

Mayo Clinic Laboratories - Rochester Main Campus

**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**Test Classification**

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

**CPT Code Information**

82017

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
C5OHU	C5-OH Acylcarnitine, QN, U	50091-8

Result ID	Test Result Name	Result LOINC® Value
88830	C5-OH Acylcarnitine, QN, U	50091-8
28125	C5-OH Interpretation	59462-2
34469	Reviewed By	18771-6