Reporting Title: Glucopsychosine, B
Performing Location: Rochester

Ordering Guidance:

This test is also available as a part of panel; see HSMWB / Hepatosplenomegaly Panel, Blood. If this test (GPSYW) is ordered with either CTXWB / Cerebrotendinous Xanthomatosis, Blood or OXYWB / Oxysterols, Blood, the individual tests will be canceled and HSMWB ordered.

Specimen Requirements:

Container/Tube:
Preferred: Lavender top (EDTA)
Acceptable: Green top (sodium heparin, lithium heparin) or yellow top (ACD B)
Specimen Volume: 1 mL
Collection Instructions: Send whole blood in original vial. Do not aliquot.

Specimen Minimum Volume:

0.25 mL

Forms:

1. Biochemical Genetics Patient Information (T602)
2. 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	Refrigerated (preferred)	72 hours	
	Ambient	48 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
BA4357	Interpretation (GPSYW)	Alphanumeric		59462-2
BA4356	Glucopsychosine	Numeric	nmol/mL	92751-7
BA4358	Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82542

Reference Values:

Cutoff: < or =0.040 nmol/mL