

Reporting Title: Frataxin, Quant, BS**Performing Location:** Rochester**Necessary Information:**

Provide a reason for testing with each specimen.

Specimen Requirements:

Supplies: Card-Blood Spot Collection (Filter Paper) (T493)

Container/Tube:

Preferred: Blood spot collection card

Acceptable: PerkinElmer 226 (formerly Ahlstrom 226) Filter Paper and Whatman Protein Saver 903 Paper

Specimen Volume: 2 blood spots

Collection Instructions:

1. An alternative blood collection option for a patient older than 1 year is a fingerstick. For detailed instructions, see How to Collect Dried Blood Spot Samples.
2. Let blood dry on the filter paper at ambient temperature in a horizontal position for a minimum of 3 hours.
3. Do not expose specimen to heat or direct sunlight.
4. Do not stack wet specimens.
5. Keep specimen dry.

Additional Information:

1. For collection instructions, see Blood Spot Collection Instructions
2. For collection instructions in Spanish, see Blood Spot Collection Card-Spanish Instructions (T777)
3. For collection instructions in Chinese, see Blood Spot Collection Card-Chinese Instructions (T800)

Specimen Minimum Volume:

1 Blood spot

Forms:

1. 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)

2. Biochemical Genetics Patient Information (T602)

3. 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	Ambient (preferred)	30 days	FILTER PAPER
	Frozen	30 days	FILTER PAPER

	Refrigerated	30 days	FILTER PAPER
--	--------------	---------	--------------

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
32249	Reason for Referral	Alphanumeric		42349-1
32250	Method	Alphanumeric		85069-3
32251	Frataxin	Numeric	ng/mL	80980-6
32252	Interpretation	Alphanumeric		59462-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83520

Reference Values:

Pediatric (<18 years) normal frataxin: > or =15 ng/mL
Adults (> or =18 years) normal frataxin: > or =21 ng/mL