

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

Provide a reason for testing with each specimen.

Specimen Requirements:

Collection Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Green top (sodium or lithium heparin)

Submission Container/Tube: Plastic vial

Specimen Volume: 2 mL

Specimen Minimum Volume:

1.25 mL

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 1 of the following forms with the specimen:

-Neurology Specialty Testing Client Test Request (T732)

-Biochemical Genetics Test Request (T798)

Specimen Type	Temperature	Time	Special Container
Whole blood	Frozen (preferred)	70 days	
	Ambient	70 days	
	Refrigerated	70 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
32253	Reason for Referral	Alphanumeric		42349-1

Result ID	Reporting Name	Type	Unit	LOINC®
32254	Method	Alphanumeric		85069-3
32255	Frataxin	Numeric	ng/mL	80979-8
32256	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 =19 ng/mL
Adults (> or =18 years) normal frataxin: > or =21 ng/mL