
Reporting Title: Mucopolysaccharides Quant, S
Performing Location: Rochester

Ordering Guidance:

This test alone is not diagnostic for a specific mucopolysaccharidosis. Follow-up testing must be performed to confirm a diagnosis.

Necessary Information:

1. Patient's age is required.
2. Reason for testing is required.
3. Biochemical Genetics Patient Information (T602) is recommended. This information aids in providing a more thorough interpretation of results. Send information with specimen.

Specimen Requirements:

Patient Preparation: Do not administer low-molecular weight heparin prior to collection.

Collection Container/Tube: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Pediatric: 0.2 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

0.2 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
Serum Red	Refrigerated (preferred)	90 days	
	Frozen	90 days	
	Ambient	14 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
MP SER	BG714	Reason for Referral: <ul style="list-style-type: none"> • Rule out Mucopolysaccharidoses • Follow up of abnormal newborn screening • Known patient on treatment • Known GM1 patient • Known MPS I patient • Known MPS II patient • Known MPS III patient • Known MPS IVA patient • Known MPS IVB patient • Known MPS VI patient • Known MPS VII patient • Known MSD patient • Known Fucosidosis patient • Not Provided 	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
BG714	Reason for Referral	Alphanumeric		42349-1
604908	Dermatan Sulfate	Numeric	ng/mL	2203-8
604909	Heparan Sulfate	Numeric	ng/mL	93725-0
604910	Total Keratan Sulfate	Alphanumeric	ng/mL	93724-3
604911	Interpretation (MP SER)	Alphanumeric		59462-2
604907	Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83864

Reference Values:

DERMATAN SULFATE

< or =300.00 ng/mL

HEPARAN SULFATE

< or =55.00 ng/mL

TOTAL KERATAN SULFATE

< or =5 years: < or =1800.00 ng/mL

6-18 years: < or =1500.00 ng/mL

> or =19 years: < or =1200.00 ng/mL