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**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
MPSER	BG714	Reason for Referral: <ul style="list-style-type: none"><li>• Rule out Mucopolysaccharidoses</li><li>• Follow up of abnormal newborn screening</li><li>• Known patient on treatment</li><li>• Known GM1 patient</li><li>• Known MPS I patient</li><li>• Known MPS II patient</li><li>• Known MPS III patient</li><li>• Known MPS IVA patient</li><li>• Known MPS IVB patient</li><li>• Known MPS VI patient</li><li>• Known MPS VII patient</li><li>• Known MSD patient</li><li>• Known Fucosidosis patient</li><li>• Not Provided</li></ul>	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 (MPSER)	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

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**Reference Values:****DERMATAN SULFATE**

&lt; or =300.00 ng/mL

**HEPARAN SULFATE**

&lt; or =55.00 ng/mL

**TOTAL KERATAN SULFATE**

&lt; or =5 years: &lt; or =1800.00 ng/mL

6-18 years: &lt; or =1500.00 ng/mL

&gt; or =19 years: &lt; or =1200.00 ng/mL