

**Reporting Title:** Psychosine, CSF**Performing Location:** Rochester**Ordering Guidance:**

This test is recommended as a diagnostic or monitoring test when spinal fluid is collected primarily to determine protein content in a patient at risk of or monitored for the development of signs of Krabbe disease.

An additional and less invasive diagnostic or monitoring test is measurement of psychosine in red blood cells; see PSYR / Psychosine, Whole Blood.

**Shipping Instructions:**

Send on dry ice. Avoid freeze thaw cycles.

**Necessary Information:**

1. Patient's age is required.
2. Date of hematopoietic stem cell transplantation (HSCT), if performed.

**Specimen Requirements:**

Container/Tube: Sterile vial.

Specimen Volume: 0.15 mL

Collection Instructions: Do not aliquot.

**Specimen Minimum Volume:**

0.1 mL

**Forms:**

If not ordering electronically, complete, print, and send a Biochemical Genetics Test Request (T798) with the specimen.

Specimen Type	Temperature	Time	Special Container
CSF	Frozen	7 days	

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**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
606150	Interpretation (PSYCF)	Alphanumeric		59462-2
606146	Psychosine, CSF	Numeric	nmol/L	93686-4
605158	Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

82542

**Reference Values:**

Normal < 0.04 nmol/L