
Reporting Title: Mucopolysaccharides Quant, U
Performing Location: Rochester**Ordering Guidance:**

This test alone is not appropriate for the diagnosis of a specific mucopolysaccharidosis (MPS). Follow-up enzymatic or molecular genetic testing must be performed to confirm a diagnosis of an MPS.

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

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Container/Tube: Plastic, 5-mL urine tube

Specimen Volume: 2 mL

Pediatric Volume: 1 mL

Collection Instructions: Collect a random urine specimen (early morning preferred).

Specimen Minimum Volume:

1 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
Urine	Refrigerated (preferred)	90 days	
	Frozen	365 days	
	Ambient	7 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
MPSQU	BG716	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®
BG716	Reason for Referral	Alphanumeric		42349-1
605986	Dermatan Sulfate	Numeric	mg/mmol Cr	94692-1
605987	Heparan Sulfate	Numeric	mg/mmol Cr	94693-9
605988	Chondroitin-6 Sulfate	Numeric	mg/mmol Cr	94690-5
605989	Keratan Sulfate	Alphanumeric	mg/mmol Cr	92806-9
605990	Interpretation	Alphanumeric		59462-2
605985	Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83864
82570

Reference Values:**DERMATAN SULFATE**

< or =1.00 mg/mmol creatinine

HEPARAN SULFATE

< or =4 years: < or =0.50 mg/mmol creatinine

> or =5 years: < or =0.25 mg/mmol creatinine

CHONDROITIN-6 SULFATE

< or =24 months: < or =10.00 mg/mmol creatinine

25 months-10 years: < or =2.50 mg/mmol creatinine

> or =11 years: < or =1.50 mg/mmol creatinine

KERATAN SULFATE

< or =12 months: < or =2.00 mg/mmol creatinine

13-24 months: < or =1.50 mg/mmol creatinine

25 months-4 years: < or =1.00 mg/mmol creatinine

5-18 years: < or =0.50 mg/mmol creatinine

> or =19 years: < or =0.30 mg/mmol creatinine