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**Reporting Title:** Plasmalogens, RBC**Performing Location:** Rochester**Additional Testing Requirements:**

If peroxisomal biogenesis disorders (Zellweger syndrome spectrum) are suspected, also order very long chain fatty acids (POX / Fatty Acid Profile, Peroxisomal [C22-C26], Serum; or POXP / Fatty Acid Profile, Peroxisomal [C22-C26], Plasma), bile acids (BAIPD / Bile Acids for Peroxisomal Disorders, Serum), and pipecolic acid (PIPU / Pipecolic Acid, Random, Urine).

If rhizomelic chondrodysplasia punctata (RCDP) is suspected, also order very long chain fatty acids (POX / Fatty Acid Profile, Peroxisomal [C22-C26], Serum), which includes phytanic and pristanic acid analysis.

**Shipping Instructions:**

Whole blood should be sent refrigerated.

**Necessary Information:**

1. Reason for testing is required
2. Date of blood transfusion, if performed.
3. Biochemical Genetics Patient Information (T602) is recommended, but not required, to be filled out and sent with the specimen to aid in the interpretation of test results.

**Specimen Requirements:**

Patient Preparation: Specimen must be collected either prior to or 6 weeks after a blood transfusion.

Specimen Type: Whole Blood

Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Green top (sodium or lithium heparin), yellow top (ACD solution A or B)

Specimen Volume: 5 mL

Collection Instructions: Send specimen in original tube. Do not aliquot.

**Specimen Minimum Volume:**

3 mL

**Forms:**

1. Biochemical Genetics Patient Information (T602) (recommended, but not required)
2. If not ordering electronically, complete, print, and send a Biochemical Genetics Test Request (T798) with the specimen.

Specimen Type	Temperature	Time	Special Container
Whole blood	Refrigerated (preferred)	14 days	
	Ambient	14 days	

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
PGRBC	BG726	Reason for Referral: <ul style="list-style-type: none"><li>• Follow up abnormal NBS for C26 LPC</li><li>• MRI findings</li><li>• Molecular findings</li><li>• Skeletal abnormalities</li><li>• Treatment monitoring</li><li>• Not provided</li></ul>	Answer List	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
609676	Hexadecanal-Dimethylacetal, C16 DMA	Numeric	mcg/mL	In Process
609677	Octadecanal-Dimethylacetal, C18 DMA	Numeric	mcg/mL	In Process
609678	9Z-Octadecenal-DiMe acetal C18:1DMA	Numeric	mcg/mL	In Process
609681	C16 DMA/C16:0	Alphanumeric		In Process
609682	C18 DMA/C18:0	Alphanumeric		In Process
BG726	Reason for Referral	Alphanumeric		42349-1
609684	Reviewed By	Alphanumeric		18771-6
609685	Interpretation	Alphanumeric		59462-2

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

82542

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**Reference Values:**

Hexadecanal-Dimethylacetal, C16:0 DMA:

> or =6.00 mcg/mL

Octadecanal-Dimethylacetal, C18:0 DMA:

> or =9.00 mcg/mL

9Z-Octadecenal-DiMethylacetal C18:1 DMA:

> or =2.00 mcg/mL

C16:0 DMA/C16:0:

> or =0.018

C18:0 DMA/C18:0:

> or =0.040