
Reporting Title: Tyrosinemia Follow Up Panel, SC, BS**Performing Location:** Rochester**Necessary Information:**

1. Patient's age is required.
2. Patient's street address, city, state, ZIP (postal) code, country, and home phone are required (post-office [PO] boxes are not acceptable delivery locations).

Specimen Requirements:

Supplies: Blood Spot Collection-Self Collect (T858)

Container/Tube: Blood Spot Self Collection Card

Specimen Volume: 2 Blood spots

Additional Information:

1. Order test each time the patient is to collect a dried blood specimen at home and mail the specimen directly to Mayo Clinic Laboratories.
2. Order should be placed a minimum of 3 days prior to desired date of collection.
3. Enter patient's address information for each order created, including street address (post-office [PO] boxes are not acceptable delivery locations), city, state abbreviation, zip code, country, and home phone number.
4. For each order, the Blood Spot Collection-Self Collect kit will be mailed directly to the patient for self-collection (delivery to a PO box will not occur).
5. For more information on how to collect blood spots, see the following
 - How to Collect Dried Blood Spot Samples via fingerstick.
 - Blood Spot Collection Instructions-Fingerstick
 - Blood Spot Collection Instructions-Fingerstick-Spanish

Specimen Minimum Volume:

1 Blood spot

Forms:

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	Ambient (preferred)	7 days	FILTER PAPER
	Frozen	90 days	FILTER PAPER
	Refrigerated	14 days	FILTER PAPER

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
TYRSC	BG728	Reason for Referral: • Follow up of a known patient • Rule out Tyrosinemia Type I • Monitoring of treatment • Follow up of an abnormal newborn screen	Answer List	Yes
TYRSC	BG729	Patient Street Address (No PO Box)	Plain Text	Yes
TYRSC	BG730	Patient City	Plain Text	Yes
TYRSC	BG731	Patient State	Plain Text	Yes
TYRSC	BG732	Patient Zip Code	Plain Text	Yes
TYRSC	BG741	Patient Country	Plain Text	Yes
TYRSC	BG733	Patient Home Phone	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
610503	Tyrosine	Numeric	nmol/mL	35571-9
610504	Phenylalanine	Numeric	nmol/mL	29573-3
610505	Methionine	Numeric	nmol/mL	47700-0
610506	Succinylacetone	Numeric	nmol/mL	53231-7
610507	Nitisinone	Numeric	nmol/mL	85098-2
BG728	Reason for Referral	Alphanumeric		42349-1
610502	Reviewed By	Alphanumeric		18771-6
BG729	Patient Street Address (No PO Box)	Alphanumeric		56799-0
BG730	Patient City	Alphanumeric		68997-6
BG731	Patient State	Alphanumeric		46499-0
BG732	Patient Zip Code	Alphanumeric		45401-7
BG741	Patient Country	Alphanumeric		77983-5
BG733	Patient Home Phone	Alphanumeric		42077-8

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

0383U

Reference Values:**TYROSINE**

<4 weeks: 40-280 nmol/mL

> or =4 weeks: 25-150 nmol/mL

PHENYLALANINE:

27-107 nmol/mL

METHIONINE

11-45 nmol/mL

SUCCINYLACETONE:

< or =1.0 nmol/mL

NITISINONE:

< or =0.5 nmol/mL