Test Definition: MP9W

Mucopolysaccharidoses, Nine-Enzyme Panel, Leukocytes

Reporting Title: MPS (Nine) Panel, WBC
Performing Location: Rochester

Ordering Guidance:

To evaluate newborn patients in follow-up to an abnormal newborn screen for MPS I, the recommended tests are IDUAW / Alpha-L-Iduronidase, Leukocytes and MPSBS / Mucopolysaccharidosis, Blood Spot, MPSWB / Mucopolysaccharidosis, Blood), MPSER / Mucopolysaccharides Quantitative, Serum or MPSQU / Mucopolysaccharides Quantitative, Random, Urine.

To evaluate newborn patients in follow-up to an abnormal newborn screen for MPS II, the recommended tests are I2SB / Iduronate-2-Sulfatase, Blood Spot or I2SWB / Iduronate-2-Sulfatase, Leukocytes and MPSBS / Mucopolysaccharidosis, Blood Spot, MPSWB / Mucopolysaccharidosis, Blood, MPSER / Mucopolysaccharides Quantitative, Serum or MPSQU / Mucopolysaccharides Quantitative, Random, Urine.

Shipping Instructions:

For optimal isolation of leukocytes, it is recommended the specimen arrive refrigerated within 6 days of collection to be stabilized. Collect specimen Monday through Thursday only and not the day before a holiday. Specimen should be collected and packaged as close to shipping time as possible.

Necessary Information:

1. Patient's age is required.
2. Reason for testing is required.

Specimen Requirements:

Container/Tube:
Preferred: Yellow top (ACD solution B)
Acceptable: Yellow top (ACD solution A) or lavender top (EDTA)
Specimen Volume: 6 mL
Collection Instructions: Send whole blood specimen in original tube. Do not aliquot.

Specimen Minimum Volume:

5 mL

Forms:

1. New York Clients-Informed consent is required. Document on the request form or electronic order that a copy is on file. The following documents are available:
-Informed Consent for Genetic Testing (T576)
-Informed Consent for Genetic Testing-Spanish (T826)
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 ACD	Refrigerated (preferred)	6 days	
	Ambient	6 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
MP9W	BG759	Reason for Referral: • Rule out Mucopolysaccharidoses • Not Provided	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
BG759	Reason for Referral	Alphanumeric		42349-1
618439	Iduronate-2-sulfatase	Numeric	nmol/h/mg Prot	24089-5
618440	Heparan-N-sulfatase	Numeric	nmol/h/mg Prot	24086-1
618441	N-acetyl-alpha-D-glucosaminidase	Numeric	nmol/h/mg Prot	24092-9
618442	Heparan-alpha-glucosaminide N-acetyltransferase	Numeric	nmol/h/mg Prot	24044-0
618443	N-acetylglucosamine-6-sulfatase	Numeric	nmol/h/mg Prot	24098-6
618444	N-acetylgalactosamine-6-sulfatase	Numeric	nmol/h/mg Prot	24096-0
618445	Beta-galactosidase	Numeric	nmol/h/mg Prot	24061-4
618446	Arylsulfatase B	Numeric	nmol/h/mg Prot	24094-5
618447	Beta-glucuronidase	Numeric	nmol/h/mg Prot	24065-5
618448	Interpretation	Alphanumeric		59462-2
618438	Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

CPT Code Information:

82657

Reference Values:

Iduronate-2-sulfatase: >2.20 nmol/hour/mg protein

Heparan-N-sulfatase: >0.13 nmol/hour/mg protein

N-acetyl-alpha-D-glucosaminidase: >0.09 nmol/hour/mg protein

Heparan-alpha-glucosaminide N-acetyltransferase: >0.24 nmol/hou/mg protein

N-acetylglucosamine-6-sulfatase: >0.03 nmol/hour/mg protein

N-acetylgalactosamine-6-sulfatase: >1.60 nmol/hour/mg protein

Beta-galactosidase: >0.28 nmol/hour/mg protein

Arylsulfatase B: >0.34 nmol/hour/mg protein

Beta-glucuronidase: >3.50 nmol/hour/mg protein

An interpretive report will be provided.