

Reporting Title: Branched-Chain Amino Acids, SC, BS**Performing Location:** Rochester**Necessary Information:**

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

Collection Instructions:

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 (postal) 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)	59 days	FILTER PAPER
	Frozen	59 days	FILTER PAPER
	Refrigerated	59 days	FILTER PAPER

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
MSUSC	BG775	Patient Street Address (No PO Box)	Plain Text	Yes
MSUSC	BG776	Patient City	Plain Text	Yes
MSUSC	BG777	Patient State	Plain Text	Yes
MSUSC	BG778	Patient Zip Code	Plain Text	Yes
MSUSC	BG779	Patient Country	Plain Text	Yes
MSUSC	BG780	Patient Home Phone	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
618731	Allo-isoleucine	Numeric	nmol/mL	94572-5
618732	Leucine	Numeric	nmol/mL	47679-6
618733	Isoleucine	Numeric	nmol/mL	47671-3
618734	Valine	Numeric	nmol/mL	47799-2
618730	Reviewed By	Alphanumeric		18771-6
BG775	Patient Street Address (No PO Box)	Alphanumeric		56799-0
BG776	Patient City	Alphanumeric		68997-6
BG777	Patient State	Alphanumeric		46499-0
BG778	Patient Zip Code	Alphanumeric		45401-7
BG779	Patient Country	Alphanumeric		77983-5
BG780	Patient Home Phone	Alphanumeric		42077-8

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

0381U

Reference Values:

Allo-isoleucine: <2 nmol/mL
Leucine: 35-215 nmol/mL
Isoleucine: 13-130 nmol/mL
Valine: 51-325 nmol/mL