

**Reporting Title:** HGEM, P  
**Performing Location:** Rochester

**Necessary Information:**

Patient's age is required.

**Specimen Requirements:**

Collection Container/Tube:

Preferred: Green top (sodium heparin)

Acceptable: Lavender top (EDTA), green top (lithium heparin)

Submission Container/Tube: Plastic vial

Specimen Volume: 0.1 mL

Collection Instructions: Centrifuge and aliquot plasma into a plastic vial.

**Specimen Minimum Volume:**

0.02 mL

**Forms:**

If not ordering electronically, complete, print, and send a Biochemical Genetics Test Request (T798) with the specimen.

Specimen Type	Temperature	Time	Special Container
Plasma	Refrigerated (preferred)	90 days	
	Frozen	90 days	
	Ambient	12 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
36062	2-OH Glutaric acid	Numeric	nmol/mL	69845-6
36063	3-OH Glutaric acid	Numeric	nmol/mL	69851-4
36064	Glutaric acid	Numeric	nmol/mL	27301-1
36065	Methylsuccinic acid	Numeric	nmol/mL	69829-0
36066	Ethylmalonic acid	Numeric	nmol/mL	79476-8

Result ID	Reporting Name	Type	Unit	LOINC®
36067	Interpretation (HGEMP)	Alphanumeric		59462-2
36068	Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

83918

**Reference Values:**

2-OH Glutaric acid < or =4.5 nmol/mL  
3-OH Glutaric acid < or =0.7 nmol/mL  
Glutaric acid < or =0.8 nmol/mL  
Methylsuccinic acid < or =0.3 nmol/mL  
Ethylmalonic acid < or =1.5 nmol/mL