

Reporting Title: Galactitol, QN, U**Performing Location:** Rochester**Ordering Guidance:**

To monitor dietary ingestion of galactose, order GAL1P / Galactose-1-Phosphate, Erythrocytes.

Necessary Information:

Patient's age is required.

Specimen Requirements:

Supplies: Urine Tubes, 10 mL (T068)

Container/Tube: Plastic, 10-mL urine tube

Specimen Volume: 2 mL

Collection Instructions:

1. Collect a random urine specimen.
2. No preservative.

Specimen Minimum Volume:

1 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
Urine	Refrigerated (preferred)	28 days	
	Frozen	28 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
35831	Galactitol	Numeric	mmol/mol Cr	47857-8
35832	Interpretation (GATOL)	Alphanumeric		59462-2
35833	Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82542

Reference Values:

0-11 months: <109 mmol/mol creatinine

1-3 years: <52 mmol/mol creatinine

4-17 years: <16 mmol/mol creatinine

> or =18 years: <13 mmol/mol creatinine