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**Reporting Title:** Krabbe Disease 2ND Tier NBS, BS**Performing Location:** Rochester**Necessary Information:**

1. Birth weight (grams)
2. Time of birth (24-hour time)
3. Gestational age (weeks)

**Specimen Requirements:**

Supplies: Card-Blood Spot Collection (Filter Paper) (T493)

Container/Tube:

Preferred: Blood Spot Collection Card

Acceptable: PerkinElmer 226 filter paper, Munktell filter paper, Whatman Protein Saver 903 paper, local newborn screening card, or blood collected in tubes containing heparin or EDTA and dried on filter paper.

Specimen Volume: 3 Blood spots

Collection Instructions:

1. Completely fill at least 3 circles on the filter paper card (approximated 100-microliters blood per circle).
2. Let blood dry on filter paper at ambient temperature in a horizontal position for a minimum of 3 hours.
3. Do not expose specimen to heat or direct sunlight.
4. Do not stack wet specimens.
5. Keep specimen dry.

Additional Information:

1. For collection instructions, see Blood Spot Collection Instructions.
2. For collection instructions in Spanish, see Blood Spot Collection Card-Spanish Instructions (T777).
3. For collection instructions in Chinese, see Blood Spot Collection Card-Chinese Instructions (T800).

**Specimen Minimum Volume:**

2 Blood spots

**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. Biochemical Genetics Patient Information (T602).

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

Specimen Type	Temperature	Time	Special Container
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Whole blood	Ambient (preferred)	96 days	FILTER PAPER
	Frozen	96 days	FILTER PAPER
	Refrigerated	96 days	FILTER PAPER

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
KD2T	BG704	Birth Weight (grams, XXXX)	Plain Text	Yes
KD2T	BG705	Time of Birth (24hr Time, XX:XX)	Plain Text	Yes
KD2T	BG706	Gestational Age (weeks, XX.X)	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
48536	Interpretation	Alphanumeric		62309-0
48535	Reviewed By	Alphanumeric		18771-6
BG704	Birth Weight (grams, XXXX)	Alphanumeric		8339-4
BG705	Time of Birth (24hr Time, XX:XX)	Alphanumeric		57715-5
BG706	Gestational Age (weeks, XX.X)	Alphanumeric		76516-4

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

82542  
81401

**Reference Values:**

An interpretive report will be provided.