

Reporting Title: Lyso-GB3, S**Performing Location:** Rochester**Ordering Guidance:**

This test should not be used to determine carrier status. Order FABRZ / Fabry Disease, Full Gene Analysis, Varies for carrier testing.

Necessary Information:

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

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

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

Specimen Minimum Volume:

0.5 mL

Forms:

1. Biochemical Genetics Patient Information (T602)
2. If not ordering electronically, complete, print, and send a Biochemical Genetics Test Request (T798) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	90 days	
	Refrigerated	48 hours	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
LGB3S	BG708	Reason for Referral: <ul style="list-style-type: none">• Rule out Fabry disease• Follow-up of abnormal newborn screening• Follow-up of known Fabry patient• Not provided	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
BG708	Reason for Referral	Alphanumeric		42349-1
65532	Lyso-GB3, S	Numeric	ng/mL	90234-6
113176	Interpretation (LGB3S)	Alphanumeric		59462-2
113177	Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82542

Reference Values:

< or =1.0 ng/mL