

Reporting Title: Glucopsychosine, P**Performing Location:** Rochester**Ordering Guidance:**

This test is also available as a part of a panel; see HSMP / Hepatosplenomegaly Panel, Plasma. If this test (GPSYP) is ordered with either CTPX / Cerebrotendinous Xanthomatosis, Plasma or OXNP / Oxysterols, Plasma, the individual tests will be canceled and HSMP ordered.

Specimen Requirements:

Collection Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Green top (sodium heparin, lithium heparin), yellow top (ACD B)

Submission Container/Tube: Plastic vial

Specimen Volume: 0.3 mL

Collection Instructions:

1. Centrifuge at 4 degrees C, if possible
2. Aliquot plasma into plastic vial. Do not disturb or transfer the buffy coat layer.
3. Send frozen

Specimen Minimum Volume:

0.25 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
Plasma	Frozen	65 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
BA4375	Interpretation (GPSYP)	Alphanumeric		59462-2
BA4373	Glucopsychosine	Numeric	nmol/mL	92750-9
BA4374	Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82542

Reference Values:

GLUCOPSYCHOSINE

Cutoff: < or =0.003 nmol/mL