

Reporting Title: Hepatosplenomegaly Panel, P**Performing Location:** Rochester**Ordering Guidance:**

This test should not be used for monitoring of patients with confirmed diagnoses. If testing requested is for monitoring purposes, see:

CTXP / Cerebrotendinous Xanthomatosis, Plasma

GPSYP / Glucopsychosine, Plasma

OXNP / Oxysterols, Plasma

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:

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®
601542	Interpretation (HSMP)	Alphanumeric		59462-2
601536	Cholestane-3beta,5alpha,6beta-triol	Numeric	nmol/mL	92755-8
601537	7-Ketocholesterol	Numeric	nmol/mL	92764-0

Result ID	Reporting Name	Type	Unit	LOINC®
601538	Lyso-sphingomyelin	Numeric	nmol/mL	92747-5
601539	Glucopsychosine	Numeric	nmol/mL	92750-9
601540	7a-hydroxy-4-cholesten-3-one	Numeric	nmol/mL	92761-6
601541	7a,12a-dihydroxycholest-4-en-3-one	Numeric	nmol/mL	92758-2
601543	Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82542

Reference Values:

CHOLESTANE-3-BETA, 5-ALPHA, 6-BETA-TRIOL

Cutoff: < or =0.070 nmol/mL

7-KETOCHOLESTEROL

Cutoff: < or =0.100 nmol/mL

LYSO-SPHINGOMYELIN

Cutoff: < or =0.100 nmol/mL

GLUCOPSYCHOSINE

Cutoff: < or =0.003 nmol/mL

7-ALPHA-HYDROXY-4-CHOLESTEN-3-ONE (7a-C4)

Cutoff: < or =0.300 nmol/mL

7-ALPHA,12-ALPHA-DIHYDROXYCHOLEST-4-en-3-ONE (7a12aC4)

Cutoff: < or =0.100 nmol/mL