MAYO CLINIC LABORATORIES

Test Definition: GALP

Galactose, Quantitative, Plasma

Reporting Title: Galactose, QN, P
Performing Location: Rochester

Ordering Guidance:

This test is not recommended for follow-up of positive newborn screening results or for diagnosis of galactosemia. The preferred test to evaluate for possible diagnosis of galactosemia, routine carrier screening, and follow-up of abnormal newborn screening results is GCT / Galactosemia Reflex, Blood along with GAL1P / Galactose-1-Phosphate, Erythrocytes.

The preferred test for monitoring dietary therapy is GAL1P / Galactose-1-Phosphate, Erythrocytes for both GALT and GALE deficiencies.

This test may be useful for monitoring in patients with GALM deficiency.

Necessary Information:

Biochemical Genetics Patient Information (T602) is recommended, but not required, to be filled out and sent with the specimen to aid in the interpretation of test results.

Specimen Requirements:

Collection Container/Tube: Green top (sodium heparin)
Submission Container/Tube: Plastic vial
Specimen Volume: 0.5 mL
Collection Instructions: Centrifuge and aliquot plasma into a plastic vial

Specimen Minimum Volume:

0.2 mL

Forms:

1. Biochemical Genetics Patient Information (T602) is recommended.
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 Na Heparin	Frozen (preferred)	365 days	
	Ambient	20 days	
	Refrigerated	20 days	

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Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
83638	Galactose, QN, P	Numeric	mg/dL	2308-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82760

Reference Values:

< or =7 days: <5.4 mg/dL
8-14 days: <3.6 mg/dL
> or =15 days: <2.0 mg/dL