

Reporting Title: Galactose, QN, U**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.

This test is not appropriate for monitoring of galactosemia. For monitoring, order GAL1P / Galactose-1-Phosphate, Erythrocytes.

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:

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Collection Container/Tube: Clean, plastic urine collection container

Submission Container/Tube: Plastic, 5-mL tube

Specimen Volume: 1 mL

Collection Instructions: Collect a random urine specimen.

Specimen Minimum Volume:

0.5 mL

Forms:

Biochemical Genetics Patient Information (T602) is recommended.

Specimen Type	Temperature	Time	Special Container
Urine	Frozen (preferred)	365 days	
	Ambient	20 days	
	Refrigerated	20 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
8765	Galactose, QN, U	Numeric	mg/dL	2310-1

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82760

Reference Values:

<30 mg/dL