

Reporting Title: Biotinidase, S**Performing Location:** Rochester**Ordering Guidance:**

Molecular testing is available, see BTDZ / Biotinidase Deficiency, BTD Full Gene Analysis, Varies.

If measurement of biotin concentration is requested, order BIOTN / Biotin, Serum.

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

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

Specimen Minimum Volume:

0.5 mL

Forms:

1. New York Clients-Informed consent is required. Document on the request form or electronic order that a copy is on file. The following documents are available:

-Informed Consent for Genetic Testing (T576)

-Informed Consent for Genetic Testing-Spanish (T826)

2. Biochemical Genetics Patient Information (T602)

3. 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)	21 days	
	Refrigerated	5 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
50672	Biotinidase, S	Numeric	U/L	1982-8
50673	Interpretation	Alphanumeric		59462-2
50675	Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82261

Reference Values:

3.5-13.8 U/L