
Reporting Title: Alpha-Galactosidase, BS**Performing Location:** Rochester**Ordering Guidance:**

If testing needed for assessment of meat or meat-derived product allergy, order either ALGAL / Galactose-Alpha-1,3-Galactose (Alpha-Gal), IgE, Serum or APGAL / Galactose-Alpha-1,3-Galactose (Alpha-Gal) Mammalian Meat Allergy Profile, Serum.

Carrier detection using enzyme levels is unreliable for female patients as results may be within the normal values. Order FABRZ / Fabry Disease, Full Gene Analysis, Varies for testing carrier status.

Additional Testing Requirements:

Additional studies including molecular genetic analysis of the GLA gene (FABRZ / Fabry Disease, Full Gene Analysis, Varies) are recommended to detect carriers.

Necessary Information:

Provide a reason for testing with each specimen.

Specimen Requirements:

Supplies: Card-Blood Spot Collection (Filter Paper) (T493)

Container/Tube:

Preferred: Blood spot collection card

Acceptable: PerkinElmer 226 (formerly Ahlstrom 226) filter paper and Whatman Protein Saver 903 paper

Specimen Volume: 2 blood spots

Collection Instructions:

1. Do not use device or capillary tube containing EDTA to collect specimen.
2. An alternative blood collection option for a patient older than 1 year is a fingerstick. For detailed instructions, see How to Collect Dried Blood Spot Samples.
3. Let blood dry on the filter paper at ambient temperature in a horizontal position for a minimum of 3 hours.
4. Do not expose specimen to heat or direct sunlight.
5. Do not stack wet specimens.
6. Keep specimen dry.

Additional Information:

1. For collection instructions, see Blood Spot Collection Instructions
2. For collection instructions in Spanish, see Blood Spot Collection Card-Spanish Instructions (T777)
3. For collection instructions in Chinese, see Blood Spot Collection Card-Chinese Instructions (T800)

Specimen Minimum Volume:

1 Blood spot

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
Whole blood	Ambient (preferred)	90 days	FILTER PAPER
	Frozen	90 days	FILTER PAPER
	Refrigerated	90 days	FILTER PAPER

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
50883	Specimen	Alphanumeric		31208-2
50884	Specimen ID	Numeric		57723-9
50885	Source	Alphanumeric		31208-2
50886	Order Date	Alphanumeric		82785-7
50887	Reason For Referral	Alphanumeric		42349-1
50888	Method	Alphanumeric		85069-3
50889	Alpha-Galactosidase, BS	Numeric	nmol/mL/h	55908-8
50890	Interpretation	Alphanumeric		59462-2
50891	Amendment	Alphanumeric		48767-8
50892	Reviewed By	Alphanumeric		18771-6
50893	Release Date	Alphanumeric		82772-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82657

Reference Values:

Males: ≥ 1.2 nmol/mL/hour

Females: ≥ 2.8 nmol/mL/hour

An interpretive report will be provided.