

**Reporting Title:** Carbohydrate, U**Performing Location:** Rochester**Ordering Guidance:**

This test is not appropriate for evaluation of an abnormal newborn screen for galactosemia. For those cases, order GCT / Galactosemia Reflex, Blood and consider GAL1P / Galactose-1-Phosphate, Erythrocytes and GATOL / Galactitol, Quantitative, Urine.

**Specimen Requirements:**

Supplies: Urine Tubes, 10 mL (T068)

Container/Tube: Plastic, 10-mL urine tube

Specimen Volume: 5 mL

Collection Instructions: Collect an early-morning (preferred) random urine specimen.

**Specimen Minimum Volume:**

1 mL

**Forms:**

Biochemical Genetics Patient Information (T602) in Special Instructions.

Specimen Type	Temperature	Time	Special Container
Urine	Frozen (preferred)	21 days	
	Refrigerated	21 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
9255	Carbohydrate, U	Alphanumeric		16550-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

84377-Carbohydrate

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82760-Galactose (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
GALU	Galactose, QN, U			No	Yes

**Result Codes for Reflex Tests:**

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

**Reference Values:**

Negative

If positive, carbohydrate is identified.