



CHILDREN'S HEALTH
 1935 Medical District Drive, B1.06
 Dallas, Texas 75235
 Phone: (214) 456-2320, option 1
 Fax: (214) 456-4713

CLIA ID#: 45D0481024
 CAP#: 2070801
 Patti Jones, PhD, DABCC, Director
 Jing Cao, PhD, DABCC, Director
 Dinesh Rakheja, MD, Div. Director

LABMISC
 EX0106-001NS Rev. 7/2023

**Metabolics and
 Mass Spectrometry Requisition**

Patient Name: _____
 (Last) (First) (Middle)

Date of Birth: _____

OR PLACE PATIENT STICKER HERE

Gender: Male Female Other: _____

SAMPLE INFORMATION

Date of Collection: _____

Serum / Plasma Whole / Blood

Specimen Accession Number: _____

Urine Bone Marrow

Hospital Medical Record Number: _____

Specify: _____

BILLING INFORMATION

Referring Institution: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____

Accounts Payable Contact: _____ Email: _____ Zipcode: _____

INDICATION FOR STUDY

Symptomatic Asymtomatic

Summarize History:

Other Relevant Information: (Newborn Screening Results)



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SHIP TO:

Metabolics and Mass Spectrometry
Children's Health
 1935 Medical District Drive Mail Stop B1.06
 Dallas, Texas 75235

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**Metabolics and
 Mass Spectrometry Requisition**

Patient Name: _____
 (Last) (First) (Middle)

CHEMISTRY AND METABOLICS

<i>Description</i>		<i>Description</i>	
<input type="checkbox"/>	2 - hydroxyglutaric Acid (D., L, total)	<input type="checkbox"/>	Comprehensive Drug Screen
<input type="checkbox"/>	17-Hydroxyprogesterone	<input type="checkbox"/>	HVA, Homovanillic acid
<input type="checkbox"/>	Acylcarnitine	<input type="checkbox"/>	Organic Acid
<input type="checkbox"/>	Amino Acid, Quantitive	<input type="checkbox"/>	Pentobarbital
<input type="checkbox"/>	Androstenedione	<input type="checkbox"/>	Testosterone, total
<input type="checkbox"/>	Carnitine, free and total	<input type="checkbox"/>	VMA, Vanillylmandelic acid
<input type="checkbox"/>	Itraconazole / Hydroxy-Itraconazole	<input type="checkbox"/>	Voriconazole
<input type="checkbox"/>	Posaconazole	<input type="checkbox"/>	Miscellaneous: _____
<input type="checkbox"/>	MMP-7 1 mL Red / Gold Top Serum Tube Spun, separated, and frozen within 2 hrs of collection. Ship on dry ice	<input type="checkbox"/>	

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**Metabolics and
Mass Spectrometry Requisition**

SAMPLE REQUIREMENTS		
TEST	Sample Type	Collection Container
2-hydroxyglutaric acid	Whole blood, serum, plasma, bone marrow aspirate	Red top, purple top, green top
17-hydroxyprogesterone	Serum	Red top
Acylcarnitine analysis	Plasma / serum	Green top, red top
Amino acid analysis	Plasma / serum	Green top, red top
Androstenedione	Serum	Red top
Carnitine, free and total	Plasma / serum	Green top, red top
Comprehensive toxicology screen	Random urine, 1 mL	Plastic container
HVA, Homovanillic acid	Random urine, 10mL (5mL min)	Plastic container
Itraconazole / Hydroxy-itraconazole	Plasma / serum	Green top, red top
Organic Acid analysis	Random urine, >3 mL	Plastic container
Pentobarbital	Plasma / serum	Green top, red top
Posaconazole	Plasma / serum	Green top, red top
Testosterone, total	Serum	Red top
VMA, Vanillylmandelic acid	Random urine, 10mL (5mL min)	Plastic container
Voriconazole	Plasma / serum	Green top, red top
MMP-7	Serum, 1 mL (spun, separated, and frozen within 2 hrs of collection. Ship on dry ice.)	Red, gold top

Samples should be stored frozen except for whole blood samples, which should be refrigerated.