

Biochemical and Molecular Genetics Laboratory

Department of Laboratory Medicine 111 Michigan Ave NW Washington, DC 20010 Phone: (202) 476-3991 Fax: (202) 476-2007

www.childrensnational.org

Drug Level Monitoring for Benzoic, Phenylacetic and Phenylbutyric Acids from Dried Blood Spots

Instructions for Blood Collection on Filter Paper:

- 1. Fill out filter paper and this sheet with patient name, birthdate, draw date and time.
- 2. Warm finger or hand.
- 3. Wipe skin clean with alcohol swab and allow to dry.
- 4. Use a lancet for the 'poke.'
- 5. Allow a large drop of blood to appear and place onto one of the circles on the filter paper card attempting to fill the entire circle. So not spot or layer blood onto filter paper. Fill in at least 2 circles but preferably all four.
- 6. Allow filter paper to air dry completely.
- 7. Put filter paper in a plastic bag and then put the bag in the envelope.
- 8. Mail the sample to the lab with this sheet.
- 9. Please indicate which test(s) you would like.

Transport and Turnaround Time:

Dried filter paper specimens can be sent via regular or express mail (express mail is recommended). Alternatively 200 uL of plasma or serum may be sent on dry ice (keep frozen) by express mail Monday through Thursday only (no weekend delivery for frozen samples). These tests are offered on a semiweekly basis with a turn around time of 5 to 7 days. Clinical consultation will be provided when necessary.

Shipping Address:

Kristina Cusmano-Ozog, M.D. / Sean Hofherr, Ph.D.
Biochemical Genetics and Metabolism Laboratory
Children's National Medical Center
111 Michigan Avenue NW
Washington DC 20010-2970
Tel (202) 476-3991

Billing Information:

Our policy is to bill the referring clinic, or hospital.

Rejection of Samples: Samples will be rejected if

Wrong type of sample for the test
Insufficient sample amount
Unlabeled sample
Inadequate collection or preservation and transport

Further Information:

If you would like more information about the test, wish to see written (or published) material, or need more blood filter paper collection kits, please call (202) 476-3991



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Patient Information:	Billing Information: No direct patient or Insurance billing: Billing to clinic or hospital only.
Patient Name:	Attn:
Medical Record Number:	Institution:
Date of Birth:	Department:
Gender:FM	
Date of Collection: Time of Collection:	Address:
Medication Name:	City
Dose: mg/kg/day	
Amount taken prior to collection: mg	State/Zip
Time last taken prior to collection: AM/PM	
Address:	Phone: ()
City	Fax: ()
State/Zip	Ordering Physician Name and Signature:
Phone: ()	
ICD9 Code: ☐ Disorders of urea cycle metabolism 270.6 ☐ Unspecified disorder of amino-acid metabolism ☐ Other	m 270.9
Select Test(s) Requested:	Test Code CPT Code
☐ Benzoic Acid	63080S 80299
☐ Phenylacetic Acid	63090S 80299
☐ Phenylbutyric Acid	63095S 80299