



WESTCHESTER
MEDICAL CENTER

BIOCHEMICAL GENETICS LABORATORY
100 Woods Rd.
Valhalla, N.Y. 10595 (914) 493-6541

PATIENT INFORMATION		INSURANCE	
Name	MRN#	Type of Plan	Insurance name
Date of Birth	Sex:	Insured's name	
Address		Group or Category	
		ID#	
		Policy ID#	
Telephone.		Authorization #	
Date collected		Relationship to insured: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other	
		Time collected	

Blood / Plasma / CSF	Urine
<input type="checkbox"/> Amino acids (82139) Diagnostic	<input type="checkbox"/> Amino acids (82139) Diagnostic
<input type="checkbox"/> Amino acids(82139) Maintenance	<input type="checkbox"/> Amino acids (82139) Maintenance
<input type="checkbox"/> PKU follow-up (Phe, Tyr) (82136) Diagnostic	<input type="checkbox"/> Orotic acid/orotidine (83921) Diagnostic
<input type="checkbox"/> PKU follow-up (Phe, Tyr) (82136) Maintenance	<input type="checkbox"/> Orotic acid/orotidine (83921) Maintenance
<input type="checkbox"/> Tyrosinemia follow-up (Phe, Tyr) (82136) Maintenance	<input type="checkbox"/> Organic acids (GC/MS) (83919) Diagnostic
<input type="checkbox"/> Total Homocysteine (83921) Diagnostic	<input type="checkbox"/> Organic acids (GC/MS) (83919) Maintenance
<input type="checkbox"/> Total Homocysteine (83921) Maintenance	<input type="checkbox"/> Isovaleric acid (82543)
<input type="checkbox"/> MSUD follow-up (Val,Leu,Ileu,Alloileu) (82136) Diagnostic	<input type="checkbox"/> Propionic acid (83921)
<input type="checkbox"/> MSUD follow-up (Val,Leu,Ileu,Alloileu) (82136) Maintenance	<input type="checkbox"/> Acylcarnitine profile (82017)
<input type="checkbox"/> Galactose-I-phosphate (82760) Diagnostic	<input type="checkbox"/> Methylmalonic acid (83921) Diagnostic
<input type="checkbox"/> Galactose-I-phosphate (82760) Maintenance	<input type="checkbox"/> Methylmalonic acid (83921) Maintenance
<input type="checkbox"/> Methylmalonic acid (83921) Diagnostic	<input type="checkbox"/> Ethylmalonic acid (83921) Diagnostic
<input type="checkbox"/> Methylmalonic acid (83921) Maintenance	<input type="checkbox"/> Ethylmalonic acid (83921) Maintenance
<input type="checkbox"/> Lactate/pyruvate/ketone bodies (84210) Diagnostic	
<input type="checkbox"/> Lactate/pyruvate/ketone bodies (84210) Maintenance	
<input type="checkbox"/> Acylcarnitine profile (82017)	

Authorization signatures and required information		
Completion of this part is required by the New York State Department of Health. Other states may have similar requirements.		
I authorize this specimen for biochemical genetic testing and have informed patients about this test X	I have received information about the nature of this genetic test X	
Physician Signature	License #	Patient / Parent / Guardian

NYS PFI #2438
CLIA# 33D0721132