

**Lab Use Only:**

**University of Alabama Health Services Foundation. PC**

**UAB Biochemical Genetics Laboratory**

**Department of Genetics**

**720 20th Street South**

**Rm 642**

**Birmingham, Alabama 35294-0024**

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**\*Overnight Specimen Mailing Address**

**UAB Biochemical Genetics**

**KAUL 642**

**720 20th Street South**

**Birmingham, AL 35233**

**Attn: John Moore**

Accession No.

Referring Laboratory:

**Phosphoethanolamine**

**(HPLC):**

**Quantitative Amino Acids (HPLC):**

**Referring Physician:**

**Additional Reports To:**

**Metabolic Test Services:**

Date of Birth: Sex:

Street Address: State: ZIP:

UPIN:

Phone No.:

**Billing Information**

Address:

Contact name:

Medical Record No.:

Address:

Name:

FAX:

Phone:

City, State, Zip Code:

Address:

Name:

FAX:

City, State, Zip Code:

Phone:

First Name:

Date/Time Received:

City:

Last Name:

**Patient Information**

**Collection Date:**

**Laboratory Test Requisition Form**

SSN:

**Diagnostic/Clinical Information**

Email address:

Phone:

Fax:

Urine

**Acylglycine Profile (ESI/MS/MS):**

Plasma

Urine

**Quantitative Organic Acids**

**(GC/MS):**

Urine

CSF

Plasma

**Acylcarnitine Profile (ESI/MS/MS):**

**Free + Esterified Carnitine (ESI/MS/MS)**

Plasma

**Creatine Deficiency Syndrome Analysis (LC/MS/MS)**

Plasma + Urine

Urine

**Methylmalonic Acid**

**(GC/MS):**

Urine

**Succinylacetone**

**(GC/MS):**

Urine