

University of Alabama Health Services Foundation. PC

UAB BIOCHEMICAL GENETICS LABORATORY



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*Overnight Specimen Mailing Address
UAB Biochemical Genetics
KAUL 634
720 20th Street South
Birmingham, AL 35233
Attn: John Moore

Lab Use Only:

Accession No.

Date/Time Received:

Laboratory Test Requisition Form

Patient Information

Diagnostic/Clinical Information

Last Name:

First Name:

Date of Birth:

Sex:

Street Address:

State:

ZIP:

City:

Medical Record No.:

SSN:

Phone No.:

Collection Date:

Billing Information

Referring Laboratory:

Phone:

Fax:

Address:

Email address:

Contact name:

Metabolic Test Services:

Quantitative Amino Acids (HPLC):

Plasma

Urine

CSF

Phosphoethanolamine (HPLC):

Urine

Quantitative Organic Acids (GC/MS):

Urine

Methylmalonic Acid (GC/MS):

Urine

Succinylacetone (GC/MS):

Urine

Acylcarnitine Profile (ESI/MS/MS):

Plasma

Free + Esterified Carnitine (ESI/MS/MS)

Plasma

Acylglycine Profile (ESI/MS/MS):

Urine

Creatine Deficiency Syndrome Analysis (LC/MS/MS)

Plasma + Urine

Referring Physician:

Additional Reports To:

Name:

UPIN:

Name:

Address:

Address:

City, State, Zip Code:

City, State, Zip Code:

Phone:

FAX:

Phone:

FAX: