

PEROXISOMAL DISEASES SECTION
KENNEDY KRIEGER INSTITUTE
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RED BLOOD CELL (RBC) DOCOSAHEXANOIC ACID (DHA) CONTENT. For patients with retinitis pigmentosa, peroxisomal and mitochondrial fatty acid oxidation defects and other metabolic defects resulting in low DHA.

SAMPLE REQUIREMENTS:

Mondays to Thursdays only for sample collection (To arrive at the laboratory Tuesday-Friday only within 24 hrs of collection).
Sample: 3-5 ml EDTA (lavender top tube) blood following an overnight fast, sent at room temperature by overnight delivery.

PATIENT INFORMATION: (ALSO INCLUDE PATIENT FIRST AND LAST NAME AND DOB ON THE TUBE)

Last Name: _____ First Name: _____ Sex: _____

Date of Birth: _____

Address: _____

_____ Phone: _____

Date of Sample: _____ Sample ID#: _____

<u>TESTING REQUESTED</u>	<u>CPT Code</u>	<u>COST</u>
<input type="checkbox"/> RBC DHA	82544	\$165
<input type="checkbox"/> RBC DHA (including test kit mailed to you)	82544	\$185

Test kit includes a blood tube, mailing box and pre-paid FedEx envelope.

BILLING INFORMATION: **EXCEPT FOR INSTITUTIONAL BILLING, PAYMENT MUST ACCOMPANY THE SAMPLE. THE TEST WILL NOT BE PERFORMED WITHOUT PREPAYMENT. WE REGRET THAT WE ARE UNABLE TO BILL INSURANCE.**

Credit Card: Card Type: _____ Card Number: _____

Cardholder's Name: _____ Expiration Date: _____

Cardholder's Signature: _____

Check (Make check out to the Kennedy Krieger Institute, PDL)

Institutional Billing Billing Address, Phone and FAX: _____

Authorized by: _____

COPY OF REPORT TO:

Name: _____

Address: _____

Phone: _____ Fax: _____