

Reporting Title: Hereditary Sensory Neuropathy I, S

Performing Location: Rochester

Necessary Information:

The following information is required for interpretation of results:

1. Patient's age
2. Reason for testing
3. Diabetic diagnosis

Specimen Requirements:

Patient Preparation: Fasting 8 hours

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Forms:

1. [Biochemical Genetics Patient Information](#) (T602), see Special Instructions
2. [If not ordering electronically, complete, print, and send a Biochemical Genetics Test Request](#) (T798) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	90 days	
	Refrigerated	24 hours	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
HSAN1	BG718	Reason for referral	Answer List	Yes
HSAN1	BG719	Diabetic diagnosis	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
BG718	Reason for Referral	Alphanumeric		42349-1
BG719	Diabetic diagnosis	Alphanumeric		In Process
605993	1-deoxysphinganine	Numeric	ng/mL	In Process
605996	1-deoxysphingosine	Numeric	ng/mL	In Process
605994	1-deoxymethylsphinganine	Numeric	ng/mL	In Process
605997	1-deoxymethylsphingosine	Numeric	ng/mL	In Process
605992	Sphinganine	Numeric	ng/mL	In Process
605995	Sphingosine	Numeric	ng/mL	In Process
605998	Interpretation (HSAN1)	Alphanumeric		59462-2
605991	Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82542

Reference Values:

Sphinganine: < or =18.0 ng/mL

1-deoxysphinganine: < or =0.25 ng/mL

1-deoxymethylsphinganine: < or =0.04 ng/mL

Sphingosine: < or =80.0 ng/mL

1-deoxysphingosine: < or =0.05 ng/mL

1-deoxymethylsphingosine: < or =0.09 ng/mL