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**Reporting Title:** Psychosine, RBC**Performing Location** Rochester**Shipping Instructions:**

Must be sent refrigerated.

**Necessary Information:**

1. Patient's age is required.
2. Date of hematopoietic stem cell transplantation (HSCT), if performed.

**Specimen Requirements:****Collection Container/Tube:****Preferred:** Lavender top (EDTA)**Acceptable:** Green top (sodium heparin, lithium heparin) or yellow top (ACD)**Specimen Volume:** 2 mL**Forms:**[If not ordering electronically, complete, print, and send a Biochemical Genetics Test Request \(T798\)](#) with the specimen.

Specimen Type	Temperature	Time	Special Container
Whole blood	Refrigerated (preferred)	7 days	

**Supplemental Report:**

No

**CPT Code Information:**

82542

**Reference Values:**

Normal &lt;10 pmol/g Hb