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

Send on dry ice. Avoid freeze thaw cycles.

Necessary Information:

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

Specimen Requirements:**Collection Container/Tube:** Sterile vial.**Specimen Volume:** 0.15 mL**Collection Instructions:** Do not aliquot.**Forms:**[If not ordering electronically, complete, print, and send a Biochemical Genetics Test Request \(T798\)](#) with the specimen.

Specimen Type	Temperature	Time	Special Container
CSF	Frozen (preferred)	7 days	

Supplemental Report:

No

CPT Code Information:

82542

Reference Values:

Normal < 0.04 nmol/L