MAYO CLINIC LABORATORIES

Test Definition: GAL1P

Galactose-1-Phosphate, Erythrocytes

Reporting Title: Galactose-1-Phosphate, RBC
Performing Location: Mayo Clinic Laboratories - Rochester Main Campus

Ordering Guidance:

This test is used to monitor dietary therapy of patients with galactosemia due to deficiency of galactose-1-phosphate uridyltransferase or uridine diphosphate galactose-4-epimerase.

This test is **not appropriate** for the diagnosis of galactosemia. The preferred test to evaluate for possible diagnosis of galactosemia, routine carrier screening, and follow-up of abnormal newborn screening results is GCT / Galactosemia Reflex, Blood.

This test is **not appropriate** for the diagnosis of epimerase deficiency, the preferred test to evaluate this deficiency is GALE / Uridine Diphosphate-Galactose 4' Epimerase, Blood.

If GAL1P / Galactose-1-Phosphate, Erythrocytes testing is needed, the test can be added to existing specimens if they were received in the testing laboratory within 72 hours of collection.

Shipping Instructions:

Pre-analytical processing is performed Monday through Friday and Sunday. This test may be canceled if specimens are outside of stability when processing occurs. Collect and package specimens for arrival on days when processing is performed.

Necessary Information:

Biochemical Genetics Patient Information (T602) is recommended, but not required, to be filled out and sent with the specimen to aid in the interpretation of test results.

Specimen Requirements:

Multiple whole blood tests for galactosemia can be performed on 1 specimen. Prioritize order of testing when submitting specimens. For a list of tests that can be ordered together, see Galactosemia-Related Test List.

Patient Preparation: Specimens collected following a meal can exhibit postprandial elevations. For infants, collect a specimen immediately prior to feeding to avoid this.
Container/Tube:
Preferred: Lavender top (EDTA)
Acceptable: Green top (sodium heparin)
Specimen Volume: 3 mL

Forms:

1. Biochemical Genetics Patient Information (T602) is recommended.
2. 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 EDTA	Refrigerated	72 hours	

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Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
24101	Galactose-1-Phosphate, RBC	Numeric	mg/dL	2312-7

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

84378

Reference Values:

Reference interval (normal range): < or =0.9 mg/dL

Therapeutic range: < or =4.9 mg/dL