
Reporting Title: Gal-1-P Uridyltransferase, RBC**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus**Ordering Guidance:**

This assay is not appropriate for monitoring dietary compliance. If dietary monitoring is needed, order GAL1P / Galactose-1-Phosphate, Erythrocytes.

This test is for galactose-1-phosphate uridyltransferase (GALT) enzyme testing only. 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 assay will not detect galactokinase (GALK) deficiency or uridine diphosphate-galactose 4' epimerase (GALE) deficiency.

-To evaluate for GALK deficiency, order GALK / Galactokinase, Blood.

-To evaluate for GALE deficiency, order GALE / Uridine Diphosphate -Galactose 4' Epimerase, Blood.

-To evaluate for GALM deficiency, order GALP / Galactose, Plasma and molecular analysis of the *GALM* gene.

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:

Patient's age is required.

[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](#).

Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Green top (sodium heparin) or yellow top (ACD)

Specimen Volume: 5 mL

Forms:

1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file. The following documents are available:

-[Informed Consent for Genetic Testing \(T576\)](#)

-[Informed Consent for Genetic Testing-Spanish \(T826\)](#)

2. [Biochemical Genetics Patient Information \(T602\)](#) is recommended.

3. 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 (preferred)	28 days	
	Ambient	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
8333	Gal-1-P Uridyltransferase, RBC	Numeric	nmol/h/mg Hb	24082-0
2296	Interpretation (GALT)	Alphanumeric		59462-2
58115	Reviewed By	Alphanumeric		18771-6

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

Supplemental Report:

No

CPT Code Information:

82775

Reference Values:

> or =24.5 nmol/h/mg of hemoglobin