
Reporting Title: Alpha-Galactosidase, BS**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus**Ordering Guidance:**

If testing needed for assessment of meat or meat-derived product allergy, order either ALGAL / Galactose-Alpha-1,3-Galactose (Alpha-Gal), IgE, Serum or APGAL / Galactose-Alpha-1,3-Galactose (Alpha-Gal) Mammalian Meat Allergy Profile, Serum.

Carrier detection using enzyme levels is unreliable for female patients as results may be within the normal values. Order FABRZ / Fabry Disease, Full Gene Analysis, Varies for testing carrier status.

Additional Testing Requirements:

Additional studies including molecular genetic analysis of the *GLA* gene (FABRZ / Fabry Disease, Full Gene Analysis, Varies) are recommended to detect carriers.

Necessary Information:

Provide a reason for testing with each specimen.

Specimen Requirements:

Supplies: Card-Blood Spot Collection (Filter Paper) (T493)

Container/Tube:

Preferred: Blood spot collection card

Acceptable: PerkinElmer 226 (formerly Ahlstrom 226) filter paper and Whatman Protein Saver 903 paper

Specimen Volume: 2 blood spots

Collection Instructions:

1. Do not use device or capillary tube containing EDTA to collect specimen.
2. An alternative blood collection option for a patient older than 1 year is a fingerstick. For detailed instructions, see [How to Collect Dried Blood Spot Samples](#).
3. Let blood dry on the filter paper at ambient temperature in a horizontal position for a minimum of 3 hours.
4. Do not expose specimen to heat or direct sunlight.
5. Do not stack wet specimens.
6. Keep specimen dry.

Additional Information:

1. For collection instructions, see [Blood Spot Collection Instructions](#)
2. For collection instructions in Spanish, see [Blood Spot Collection Card-Spanish Instructions](#) (T777)
3. For collection instructions in Chinese, see [Blood Spot Collection Card-Chinese Instructions](#) (T800)

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)
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	Ambient (preferred)	90 days	FILTER PAPER
	Refrigerated	90 days	FILTER PAPER
	Frozen	90 days	FILTER PAPER

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
50883	Specimen	Alphanumeric		31208-2
50884	Specimen ID	Numeric		57723-9
50885	Source	Alphanumeric		31208-2
50886	Order Date	Alphanumeric		82785-7
50887	Reason For Referral	Alphanumeric		42349-1
50888	Method	Alphanumeric		85069-3
50889	Alpha-Galactosidase, BS	Numeric	nmol/mL/h	55908-8
50890	Interpretation	Alphanumeric		59462-2
50891	Amendment	Alphanumeric		48767-8
50892	Reviewed By	Alphanumeric		18771-6
50893	Release Date	Alphanumeric		82772-5

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

Supplemental Report:

No

CPT Code Information:

82657

Reference Values:

Males: > or =1.2 nmol/mL/hour

Females: > or =2.8 nmol/mL/hour

An interpretive report will be provided.