

Overview

Special Instructions

- [Neurochemistry and Metabolic Test Request Form](#)

Method Name

HPLC/Fluorescence

NY State Available

Yes

Specimen

Specimen Type

CSF

Shipping Instructions

Ship samples frozen on dry ice.

Specimen Required

Supplies: Medical Neurogenetics CSF Collection Kit (MCL T657) **is required.**

Container/Tube: 5 Microcentrifuge tubes from the Medical Neurogenetics CSF Collection Kit

Note: One set of tubes is required per patient.

Specimen Volume: 4.5 mL total; collected in 5 tubes as described below

Collection Instructions:

CSF should be collected from the first drop into the tubes **in the numbered** order.

1. Fill each tube to the marked line with the required volumes.

Tube 1: 0.5 mL

Tube 2: 1 mL

Tube 3: 1 mL (contains antioxidants necessary to protect the sample integrity)

Tube 4: 1 mL

Tube 5: 1 mL

-If sample is **not** contaminated with blood, the tubes should be placed on dry ice at the bedside.

-If sample is contaminated with blood, the tubes should immediately be centrifuged (prior to freezing) and the clear CSF transferred to new similarly labeled tubes, then freeze. Store samples at -80 degrees C until they can be shipped.

2. Complete Medical Neurogenetics, LLC request form. Include test required, sample date and date of birth.

3. Label tubes with patient name and ID number, leaving the tube number visible.

4. Place samples inside a specimen transport bag and the Medical Neurogenetics, LLC request form inside the pouch of the transport bag.

5. Ship samples frozen on dry ice.

Specimen Stability Information: Frozen at -80 degrees C, Indefinitely/Frozen at -20 degrees C, 72 hours

Forms

Complete and submit a [Neurochemistry and Metabolic Test Request Form](#) with the specimen.

Reject Due To

| | |
|---|--------|
| Specimens other than CSF in special collection kit (MCL T657) | Reject |
|---|--------|

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|---------------|-------------|------|-------------------|
| CSF | Frozen | | CSF KIT |

Clinical & Interpretive**Reference Values**

0 to <3 months: 30-80 nmol/L

3 months to <1 years: 23-65 nmol/L

1 year to <4 years: 15-51 nmol/L

4 years to adult: 10-37 nmol/L

Performance**PDF Report**

Referral

Day(s) Performed

Monday through Friday

Report Available

12 to 18 days

Performing Laboratory Location

Medical Neurogenetics, LLC

Fees & Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

This test was developed and its performance characteristics determined by Medical Neurogenetics, LCC. It has not been cleared or approved by the U.S. FDA.

CPT Code Information

84207

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|----------------------------------|--------------------|
| FPD5C | Pyridoxal 5-phosphate Conc., CSF | Not Provided |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|-------------------------------------|---------------------|
| Z6357 | Pyridoxal 5-Phosphate Concentration | 75056-2 |