Cincinnati Children's
changing the outcome together

# Bile Acid Synthesis Disorders by Mass Spectrometry

## Urinary Bile Acid Profile by FAB-MS
## Fractionated & Total Serum Bile Acids by LC-MS

**For New York State patients only, this requisition must be accompanied by the signed Informed Consent document.**

## PATIENT DEMOGRAPHICS

Patient Name: _____ , _____ , ___
Last First MI

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Sex: ☐ Male ☐ Female Chart or MRN #: _____

Because Ursodeoxycholic acid can mask detection of bile acid synthetic disorders, the patient should be temporarily taken off URSO® or ACTIGALL® for 5 DAYS before sample collection.

**List Medications:**

Is the patient currently on URSO® or ACTIGALL®, or has been within the past month? If yes, please provide the DATES of medication: _____

_____

**Clinical History/Preliminary Diagnosis:** _____

_____

_____

_____

_____

_____

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_____

## SAMPLE/SPECIMEN INFORMATION

Sample Type: Urine (1 – 25 mL), Serum (0.5 – 1 mL), Bile (1 – 2 mL)

Sample Collection Date (MM/DD/YYYY): _____/_____/_____

Specimen Type: ☐ Urine ☐ Serum ☐ Bile

☐ Other (specify type): _____

**Note:** If possible, send urine & serum. Urine is analyzed on all patients. If urine shows evidence of a metabolic abnormality, serum may be required for additional confirmation.

**Internal Use only:**

Received date: _____

FL#: _____

FAB#: _____

## ORDERING PHYSICIAN

Physician Name (print): _____

Phone: ( _____ ) _____

Secure Fax: ( _____ ) _____

_____ Date: ____/ _____/ _____

**Referring Physician Signature (REQUIRED)**

## BILLING INFORMATION

Billing & Report Mailing Address: _____

_____

_____

_____

_____

_____

_____

_____

Fax number for Results: _____

*****The Laboratory DOES NOT directly bill patients or insurance companies*****
**For billing concerns, please call (513) 636-0120.**

## SHIPPING INFORMATION

**Shipment Requirements:** **FROZEN (ON DRY ICE), OVERNIGHT EXPRESS, NO WEEKEND DELIVERY**

**Ship to:**
Clinical Mass Spectrometry Facility, MLC 7019
Department of Pathology and Laboratory Medicine
Cincinnati Children's Hospital Medical Center
3333 Burnet Avenue
Cincinnati, OH 45229-3099
**Phone:** (513) 636-4203 **Fax:** (513) 803-5014

## BILLING INFORMATION

**Test Fee:** Call (513) 636-0120
**CPT Code**: 83789
**CCHMC Tax ID:** 31-0933936
**CLIA:** 36D0656333

## TEST(S) REQUESTED

**If urine & serum are both required, please check both boxes.**

☐ Urinary Bile Acid by FAB-MS

☐ Other specimen type by FAB-MS

☐ Serum Bile Acid by LC-MS