

BIOCHEMICAL GENETICS/CYSTINE LAB
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CLIA ID: 05D0643075
TAX ID: 33-0833316
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GRANULOCYTE CYSTINE ASSAY

GENERAL INFORMATION

Patient Name _____

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

Sex: ☐ Female ☐ Male

UCSD Lab Use Only

LOC Code	UCSD Sample #	Date/Time Received
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1. PHYSICIAN INFORMATION REQUIRED

State License #	UPIN #
Physician Name	Hospital / Affiliation
Address	City State Zip
Phone	Fax

2. PATIENT INFORMATION

CYSTINOSIS MONITORING

Current cystine-depleting therapy or N/A if not on medication	Current prescribed dose
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3. SAMPLE INFORMATION (LAB USE ONLY)

Date of collection	DATE, TIME OF LAST 2 DOSES OF MEDICATION	
_____/_____/_____ Date (MM/DD/YYYY)	_____ Date	_____ Time AM PM
_____ Time of collection AM PM	_____ Date	_____ Time AM PM

COMMENTS OR SPECIAL INSTRUCTIONS

