Bile Acid by Mass Spectrometry – GC Mass Spectrometry
Urinary Bile Acid Profile by FAB-MS (Fast Atom Bombardment-Mass Spectrometry; LSIMS)

Test Fee	$999.46 **	**CCHMC Tax ID**	31-0933936
CPT Code	83789	**CLIA**	36D0656333

Sample Types: Urine 5-30mL Serum 0.5-2mL; Bile Fluid 1-2mL Note: If possible send Urine & Serum. Urine is analyzed for all patients – if Urine shows evidence of a metabolic abnormality, Serum will be tested.	**Because URSO can mask detection of bile acid synthetic defects it is preferable for patients to be off URSO or ACTIGAL for 5 DAYS before SAMPLE Collection**

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

Shipping Address:
Kenneth Setchell
Mass Spectrometry Lab – MLC 7019
Cincinnati Children's Hospital Medical Center
3333 Burnet Avenue
Cincinnati, OH 45229-3099

Phone: (513) 636-4203
Fax: (513) 803-5014

BILLING AND REPORT MAILING ADDRESS:

FAX NUMBER FOR RESULTS:

(Please note result graphs may be faxed separately from result report.)

****The Laboratory <u>DOES NOT</u> directly bill patients or insurance companies****
For Billing Concerns, please call Lisa D. Wright at (513) 636-0256

THE FOLLOWING INFORMATION IS REQUIRED FOR EACH SAMPLE

PATIENT NAME: **Date of Birth: / /** **Sex: M _____ F _____**

Chart (or) MRN#: **Sample Collection Date: / /**

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:

PHYSICIAN NAME (PLEASE PRINT) :
Phone: ( ) - Fax: ( ) -
(Please note result graphs will be faxed separately from result report.)

PHYSICIAN'S SIGNATURE: