Cincinnati Children's
changing the outcome together

CINCINNATI CHILDREN'S NEPHROLOGY AND ENDOCRINOLOGY LABORATORY

For inquiries please call: 513-636-4530 • Fax: 513-803-5056 • Email: neph.endo@cchmc.org

GALACTOSE-DEFICIENT IgA1 (GalD) SAMPLE REQUISITION

All Information Must Be Completed Before Sample Can Be Processed

PATIENT INFORMATION

Patient Name: _____, _____, _____
(Last) (First) (MI)

Date of Birth: ____/____/_____
(Month) (Day) (Year)

MR#: _____

Sex: ☐ Male ☐ Female

SAMPLE INFORMATION

Collection Date: ____/____/_____
(Month) (Day) (Year)

Collection Time: _____

ASSAY REQUESTED

☐ **Galactose-Deficient IgA1 (GalD)** 0.5 mL serum

BILLING INFORMATION

Institution: _____

Address: _____ City/State/Zip: _____

Accounts Payable Contact Name: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

REFERRING PHYSICIAN

Physician Name: _____

Address: _____ City/State/Zip: _____

Accounts Payable Contact Name: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Test Name	Performing Lab	Specimen Requirements	Turnaround Time (TAT)
Galactose-Deficient IgA1 (GalD)	Nephrology 513-636-4530	0.5 mL red or gold top serum --- spun, separated, frozen; ship on dry ice	1 week

SHIPPING

Ship all samples frozen on dry ice to:
CCHMC Division of Nephrology
Clinical Laboratory, T.6-325 Dock 1
240 Albert Sabin Way, Cincinnati Ohio 45229
****MONDAY—FRIDAY DELIVERY ONLY****

Holiday and Weekend Shipping:
CCHMC Division of Nephrology
3333 Burnet Avenue, Main Dock
Attn: Storeroom BL1.300
Cincinnati Ohio 45229