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: ______________________

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.

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#: ______________________

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
240 Albert Sabin Way
Cincinnati, OH 45229-3039

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