

Sterol Analysis Laboratory

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Test Requisition Form

Patient Last name	First name	MI	Sex	DOB	Dx Code
Patient ID #	Sample Date Time	Ordering Physicians Name			
Patient Medications:		Phone:			
		Ordering Physicians signature (required)			

Send Bill To:*		Send Report To:	
Referring Laboratory/Patient		Ordering Physician	
Address		Address	
City, State, Zip		City, State, Zip	
Phone	Fax	Phone	Fax
Contact person		Physician Email	
Email		*Billing is to the Referring Laboratory or Patient. We regret that we are unable to bill Insurance or Medicaid.	

Test*	CPT Code	Sample types and amount	Cost
7-Dehydrocholesterol (Smith-Lemli-Opitz syndrome/SLOS/RSH)	82542	Plasma -1-mL EDTA/Heparin or Whole blood 3 ml EDTA/Heparin	\$255
Cholesterol (Cerebrotendinous xanthomatosis/CTX)	82542	Plasma -1-mL EDTA/Heparin or Whole blood 3 ml EDTA/Heparin	\$255
Sitosterol (Sitosterolemia/Phytosterolemia)	82542	Plasma -1-mL EDTA/Heparin or Whole blood 3 ml EDTA/Heparin	\$255
Sterols, Miscellaneous	82542	Plasma -1-mL EDTA/Heparin or Whole blood 3 ml EDTA/Heparin	\$255
7 α ,12 α -Dihydroxy-4-cholesten-3-one (Cerebrotendinous xanthomatosis/CTX)	82542	Dried blood spots collected using Newborn Screening/Guthrie filter card (Whatman 903)	\$145
7 α ,12 α -Dihydroxy-4-cholesten-3-one (Cerebrotendinous xanthomatosis/CTX)	82542	Plasma -1-mL EDTA/Heparin or Whole blood 3 ml EDTA/Heparin	\$195
Bile alcohol (5 β -cholestane-3 α ,7 α ,12 α ,23S,25-pentol) (Cerebrotendinous xanthomatosis/CTX)	82542	Random Urine -5-mL No Preservative	\$195

Shipping: Specimens should optimally be shipped by overnight express carrier Monday through Thursday. Saturday delivery may be available upon request. Please contact us and provide a tracking number for shipment. Whole blood specimens should be shipped with an "ice pack" (do not freeze). Plasma should be shipped frozen on dry ice. Urine can be shipped with "ice pack" or frozen. Dried blood can be shipped at ambient temperature (allow blood samples to dry for a minimum of 3 hours). Ship to:

Attention: Andrea DeBarber (503-494-4593)
Physiology & Pharmacology Department (L334)
RJH Room 3360, Dock 4, Oregon Health & Science University
3181 SW Sam Jackson Park Road,
Portland, OR 97239-3098

Sterol Analysis Laboratory Requisition Form 2018.12.13

To be completed by Sterol Analysis Laboratory staff:

Received by: _____ Specimen Type: _____ Date: _____

12/13/18 Approved *P. Duell MD*