



OREGON
HEALTH & SCIENCE
UNIVERSITY

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Sterol Analysis Laboratory

Department of Chemical Physiology & Biochemistry,
Mailcode L334, Oregon Health & Science University
3181 SW Sam Jackson Park Road
Portland, OR 97239
Laboratory Phone: 503-494-4593

CAP # 2442607

CLIA # 38D06-56829

Test Requisition Form

Patient Last name	First name	MI	Sex	DOB (MM/DD/YY) ____/____/____
Dx Code	Collection Date (MM/DD/YY) ____/____/____	Ordering Physician: _____ Name (printed) _____ Signature (required)		
Patient ID #	Time (use 24 hour clock) ____:____			
Patient Medications:				

Send Bill To:*	Send Report To:
Referring Laboratory/Patient	Ordering Physician
Address	Address
State, Zip Code	State, Zip Code
Phone	Phone
Fax	Fax
Contact Person Name	Physician Email
Contact Person Email	Additional Email

**Billing is to the Referring Laboratory or Patient. We regret that we are unable to bill Insurance or Medicaid.*

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)
Chemical Physiology & Biochemistry Department (L334)
RJH Room 3360, Dock 4, Oregon Health & Science University
3181 SW Sam Jackson Park Road,
Portland, OR 97239-3098

Test Requisition Form Continued

Patient Last name	First name	MI	Sex	DOB (MM/DD/YY) ____/____/____
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Miscellaneous Blood Testing	CPT Code	Sample Types and Amounts	Cost	Check Test(s) Ordered:
Plasma 7-Dehydrocholesterol (Smith–Lemli–Opitz syndrome/SLOS/RSH)	82542	Plasma -1 mL EDTA/Heparin or Whole blood 3 mL EDTA/Heparin	\$255	<input type="checkbox"/>
Plasma Sitosterol (Sitosterolemia/Phytosterolemia)	82542		\$255	<input type="checkbox"/>
Sterols, Miscellaneous	82542		\$255	<input type="checkbox"/>
Standard Blood and Urine Testing for Cerebrotendinous Xanthomatosis/CTX	CPT Code	Sample Types and Amounts	Cost	Check Test(s) Ordered:
Plasma/Serum Cholestanol	82542	Plasma -1 mL EDTA/Heparin or Whole blood 3 mL EDTA/Heparin	\$255	<input type="checkbox"/>
Urine Bile Alcohol (5 β -Cholestane-3 α ,7 α ,12 α ,23S,25-pentol)	82542	Random Urine - 5 mL No Preservative	\$235	<input type="checkbox"/>
Additional Blood Testing Available for Cerebrotendinous Xanthomatosis/CTX	CPT Code	Sample Types and Amounts	Cost	Check Test(s) Ordered:
Plasma/Serum 7 α -Hydroxy-4-cholesten-3-one	82542	Plasma -1 mL EDTA/Heparin or Whole blood 3 mL EDTA/Heparin	\$195	<input type="checkbox"/>
Plasma/Serum 7 α ,12 α -Dihydroxy-4-cholesten-3-one	82542		\$195	<input type="checkbox"/>
Plasma/Serum Bile Alcohol (5 β -Cholestane-3 α ,7 α ,12 α ,25-tetrol Glucuronide)	82542		\$195	<input type="checkbox"/>
Dried Blood Spot Testing for Cerebrotendinous Xanthomatosis/CTX	CPT Code	Sample Types and Amounts	Cost	Check Test Ordered:
Dried Blood Spot 7 α ,12 α -Dihydroxy-4-cholesten-3-one	82542	Dried blood spots collected using Newborn Screening/ Guthrie filter card (Whatman 903)	\$145	<input type="checkbox"/>

To be completed by Sterol Analysis Laboratory staff:

Received by: _____ Date: _____

Specimen Type: _____ Sample ID: _____

Specimen Type: _____ Sample ID: _____

Specimen Type: _____ Sample ID: _____

Specimen Type: _____ Sample ID: _____