



Technical Supervisor: Andrea E. DeBarber, PhD
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 Director/Clinical Consultant: P. Bart Duell, MD

Sterol Analysis Laboratory
 Oregon Health & Science University
 3181, SW Sam Jackson Park Road
 Portland, OR 97239
 Laboratory Phone: 503-494-4593
CAP # 2442607

CLIA # 38D06-56829

Form Title: Sterol Analysis Laboratory Test Requisition Form


Patient Information				
Patient Last name	First name	MI	Sex	DOB (MM/DD/YY) ____/____/____
Dx Code	Collection Date (MM/DD/YY) ____/____/____	Ordering Physician: _____ Name (printed)		
Patient ID #	Time (use 24 hour clock) ____:____			
Patient Medications:		Signature* (required) *By signing the physician attests that they have provided a detailed explanation of the risks, benefits and limitations of the requested testing to the patient/parent/guardian. It is the physician's responsibility, prior to ordering any test, to obtain consent for testing from the patient (or authorized representative) as required by applicable state law and/or regulations.		

Reporting and Billing	
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.

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)
 Mailcode L469B
 RJH Room 3360, Dock 4, Oregon Health & Science University
 3181 SW Sam Jackson Park Road
 Portland, OR 97239-3098

 <p>OREGON HEALTH & SCIENCE UNIVERSITY</p> <p>Technical Supervisor: Andrea E. DeBarber, PhD Email: debarber@ohsu.edu Director/Clinical Consultant: P. Bart Duell, MD</p>	<p>Sterol Analysis Laboratory Oregon Health & Science University 3181, SW Sam Jackson Park Road Portland, OR 97239 Laboratory Phone: 503-494-4593 CAP # 2442607 CLIA # 38D06-56829</p>
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Test Ordering Selection

Miscellaneous Blood Testing	CPT Code	Sample Types and Amounts	Cost	Check Test(s):
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):
Plasma/Serum Cholestanol	82542	Plasma -1 mL EDTA/Heparin or Whole blood 3 mL EDTA/Heparin	\$255	<input type="checkbox"/>
Urine Bile Alcohol (5β-Cholestane-3α,7α,12α,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):
Plasma/Serum 7α-Hydroxy-4-cholesten-3-one	82542	Plasma -1 mL EDTA/Heparin or Whole blood 3 mL EDTA/Heparin	\$195	<input type="checkbox"/>
Plasma/Serum 7α,12α-Dihydroxy-4-cholesten-3-one	82542		\$195	<input type="checkbox"/>
Plasma/Serum Bile Alcohol (5β-Cholestane-3α,7α,12α,25-tetrol Glucuronide)	82542		\$195	<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: _____