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

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) ____:____			
Is this a known affected patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		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.		
If yes, which disease? _____				
Patient Medications:				

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. To bill to insurance please request OHSU sample requisition form, also found here: <https://www.ohsu.edu/sites/default/files/2023-04/Laboratory%20Requisition%2004-11-23.pdf>.

Shipping: Specimens should be shipped by overnight express carrier Monday through Thursday. Saturday, Sunday and holiday deliveries are not possible. Please contact us and provide a tracking number for the shipment. Whole blood specimens should be shipped with an "ice pack" (do not freeze). Plasma/serum specimens should be shipped frozen on dry ice. Urine can be shipped with "ice pack" or frozen.	
Ship to:	Attention: Andrea DeBarber (tel: 503-494-4593, email: <a href="mailto:debarber@ohsu.edu">debarber@ohsu.edu</a> ) Mailcode L469B RJH Room 3360, Dock 4, Oregon Health & Science University 3181 SW Sam Jackson Park Road Portland, OR 97239-3098

 <b>OREGON HEALTH &amp; SCIENCE UNIVERSITY</b> Technical Supervisor: Andrea E. DeBarber, PhD Email: <a href="mailto:debarber@ohsu.edu">debarber@ohsu.edu</a> Director/Clinical Consultant: P. Bart Duell, MD	<b>Sterol Analysis Laboratory</b> Oregon Health & Science University 3181 SW Sam Jackson Park Road Portland, OR 97239 Laboratory Phone: 503-494-4593 <b>CAP # 2442607</b> <span style="float: right;"><b>CLIA # 38D06-56829</b></span>
<b>Form Title: Sterol Analysis Laboratory Test Requisition Form</b>	

Patient Last name	First name	MI	Sex	DOB (MM/DD/YY) ____/____/____
-------------------	------------	----	-----	----------------------------------

Test Ordering Selection				
Blood Testing for <b>Sitosterolemia/Phytosterolemia</b>	CPT Code	Sample Types and Amounts	Cost	Check Test(s):
Plasma Sitosterol	82542	Plasma -1 mL EDTA/Heparin or Whole blood 3 mL EDTA/Heparin	\$255	<input type="checkbox"/>
Blood Testing for <b>Smith-Lemli-Opitz Syndrome/SLOS/RSH</b>	CPT Code	Sample Types and Amounts	Cost	Check Test(s):
Plasma 7-Dehydrocholesterol	82542	Plasma -1 mL EDTA/Heparin or Whole blood 3 mL EDTA/Heparin	\$255	<input type="checkbox"/>
Blood and Urine Testing for <b>Cerebrotendinous Xanthomatosis/CTX</b>	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"/>
Plasma/Serum 7 $\alpha$ -Hydroxy-4-cholesten-3-one and 7 $\alpha$ ,12 $\alpha$ -Dihydroxy-4-cholesten-3-one	82542		\$295	<input type="checkbox"/>
Plasma/Serum Bile Alcohol (5 $\beta$ -Cholestane- 3 $\alpha$ ,7 $\alpha$ ,12 $\alpha$ ,25-tetrol Glucuronide)	82542		\$290	<input type="checkbox"/>
Urine Bile Alcohol (5 $\beta$ -Cholestane- 3 $\alpha$ ,7 $\alpha$ ,12 $\alpha$ ,23S,25-pentol)	82542	Random Urine - 5 mL No Preservative	\$235	<input type="checkbox"/>
Blood and Urine Testing for <b>Neimann-Pick disease Type-C/NPC</b>	CPT Code	Sample Types and Amounts	Cost	Check Test(s):
Plasma/Serum 7-Ketocholesterol and Cholestane-3 $\beta$ ,5 $\alpha$ ,6 $\beta$ -triol	82542	Plasma -1 mL EDTA/Heparin or Whole blood 3 mL EDTA/Heparin	\$295	<input type="checkbox"/>
Urine 7-Ketocholesterol	82542	Random Urine - 5 mL No Preservative	\$290	<input type="checkbox"/>

To be completed by Sterol Analysis Laboratory staff:	
Received by: _____	Date: _____
Sample arrived under acceptable conditions and within stability window. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specimen Type: _____	Sample ID: _____
Specimen Type: _____	Sample ID: _____
Sample ID example: STAN_YYMMDD_00X. The date the sample is received (YYMMDD) and order of receipt (001, 002, etc.)	