Test Definition: CBGT

Galactosylceramide Beta-Galactosidase, Fibroblasts

Reporting Title: Galactosylcer B-Galactosidase,Fibro
Performing Location: Rochester

Specimen Requirements:

This test is not recommended for prenatal testing.

Forms: New York Clients-Informed consent is required. Please document on the request form or electronic order that a copy is on file. An Informed Consent for Genetic Testing (Supply T576) is available in Special Instructions.

Submit only 1 of the following specimens:

Specimen Type: Cultured fibroblasts
Container/Tube: T-75 or T-25 flask
Specimen Volume: 1 full T-75 flask or 2 full T-25 flasks
Specimen Stability Information: Ambient (preferred)/Refrigerated <24 hours

Specimen Type: Skin biopsy
Container/Tube: Sterile container with any standard cell culture media (eg, minimal essential media, RPMI 1640). The solution should be supplemented with 1% penicillin and streptomycin. Tubes can be supplied upon request (Eagle's minimum essential medium with 1% penicillin and streptomycin [Supply T115]).
Specimen Volume: 4-mm punch
Specimen Stability Information: Refrigerated (preferred)/Ambient

Specimen Type	Temperature	Time
Tissue	Varies	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
8297	Galactosylcer B-Galactosidase, Fibro	Numeric	mU/g Prot	24060-6

CPT Code: 1 × 82658

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
CRYOB	Cryopreserve for Biochem Studies	1	88240	Yes	No

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
FIBR	Fibroblast Culture	1	88233	Yes	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
CRYOB	88832	Cryopreserve for Biochem Studies	Alphanumeric		N/A
FIBR	8482	Fibroblast Culture	Alphanumeric		In Process

Reference Values:

10.3-89.7 mU/g of cellular protein