

# **Test Definition: CDG**

Carbohydrate Deficient Transferrin for Congenital Disorders of Glycosylation, Serum

# **Reporting Title:** CDG, S **Performing Location:** Rochester

#### **Specimen Requirements:**

Provide a reason for referral with each specimen.

Collection Container/Tube: Preferred: Red top Acceptable: Serum gel Submission Container/Tube: Plastic vial Specimen Volume: 0.1 mL Additional Information: 1. Patient's age is required.

2. This test is for congenital disorders of glycosylation. If the ordering physician is looking for evaluation of alcohol abuse, order CDTA/82425 Carbohydrate Deficient Transferrin, Adult, Serum.

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.

Specimen Type	Temperature	Time
Serum	Frozen (preferred)	45 days
	Refrigerated	28 days
	Ambient	7 days

## Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Туре	Reportable
CDG	BG160	Reason for Referral: • Congenital disorders of glycosylation • Follow-up of known patient with CDG • Evaluation of alcohol abuse - change test to 82425 (CDTA) Carb Def Transferrin, Adult, S	Answer List	Yes

## **Result Codes:**

Result ID	Reporting Name	Туре	Unit	LOINC®
BG160	Reason for Referral	Alphanumeric		42349-1
31721	Mono-oligo/Di-oligo Ratio	Numeric		35469-6



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Carbohydrate Deficient Transferrin for Congenital Disorders of Glycosylation, Serum

Result ID	Reporting Name	Туре	Unit	LOINC®
31720	A-oligo/Di-oligo Ratio	Numeric		35475-3
34474	Tri-sialo/Di-oligo Ratio	Numeric		In Process
34476	Apo CIII-1/Apo CIII-2 Ratio	Numeric		In Process
34475	Apo CIII-0/Apo CIII-2 Ratio	Numeric		In Process
50820	Interpretation	Alphanumeric		59462-2
50822	Reviewed By	Numeric		N/A

## **CPT Code:** 1 × 82373

#### **Reference Values:**

MONO-OLIGOSACCHARIDE/DI-OLIGOSACCHARIDE < or =0.100

A-OLIGOSACCHARIDE/DI-OLIGOSACCHARIDE < or =0.050