



MAYO
Mayo Medical Laboratories
1-800-533-1710

**NEW TEST ANNOUNCEMENT
REFERRAL**

NOTIFICATION DATE: February 14, 2014
EFFECTIVE DATE: Immediately

GALACTOSE-1-PHOSPHATE URIDYLTRANSFERASE
Test ID: FG1PU

EXPLANATION: The following new orderable, referred to ARUP Laboratories, will be available immediately.

REFERRAL LAB CODE: 0080125

METHODOLOGY: Enzymatic

REFERENCE VALUES:

U/g Hb

One U/g Hb is equivalent to one umol/hour/gram of hemoglobin (umol/hr/gm Hb)

SPECIMEN REQUIREMENTS:

Collect blood in a green top tube (sodium or lithium heparin), lavender top tube (EDTA), or pink top tube (K2EDTA). Submit 7 mL whole blood refrigerate in a plastic vial.

Note: 1. Patient History for Galactosemia Testing form required.

SPECIMEN STABILITY INFORMATION:

Specimen Type	Temperature	Time
Whole Blood EDTA	Refrigerated	5 days

FEE: \$ 180.10

CPT CODE: 82775

DAY(S) SET UP: Monday, Wednesday, Friday

ANALYTIC TIME: 2 - 4 days

QUESTIONS: Contact Mary Erath, MML Referrals Supervisor
Telephone: 800-533-1710