





Pathology and Laboratory Medicine

# Orderable - AFUCL/AFUCO/ Fibroblast-Use Req

#### **Alternate Name(s):**

**Fucosidosis** 

### **Specimen:**



**Laboratory:** 

Biochemical Genetics Lab

- 1. 2 x 6 mL Dark Green (Sodium Heparinized) top Vacutainer
- 2. 4.5 mL Green (Lithium Heparin) top Vacutainer tube (preferred specimen type)
- 3. Fibroblasts



Requisition:

BIOCHEMICAL GENETICS
LAB REQUISITION

#### **Collection Information:**

Sample must be collected so that it will be received in lab no later than 3:00pm of collection day.

- 1. Send 8-10 mL whole blood immediately. Keep cold but not frozen.
- **2.** The preferred specimen is plasma. A minimum volume of 1 mL of plasma is required for testing.
- 3. Collect fibroblasts and send in a sterile container.



**Test Schedule:** 

As required

#### **Reference Ranges:**

Leukocyte:

60-121 nmol/hr/mg protein

Plasma:

214-1070 nmol/hr/mL plasma

Fibroblast:

54-313 nmol/hr/mg protein

## **Storage and Shipment:**

Sample must be sent to lab immediately