





Pathology and Laboratory Medicine

# **Orderable - LCYS**

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

Leukocyte Cystine Cystinosis



Laboratory:

**Biochemical Genetics Lab** 



2 x 6 mL Green (Sodium or Lithium Heparinized) top Vacutainer tubes



Requisition:

BIOCHEMICAL GENETICS
LAB REQUISITION

#### **Collection Information:**

Make arrangements with laboratory in advance.

Send 8-10 mL whole blood immediately. Keep cold but not frozen.

## **Reference Ranges:**



**Test Schedule:** 

Arrangements for test must be made in advance by calling 519-685-8500 Specimen Receiving ext. 71561 ≤ 0.200 nmol/mg protein

#### **Storage and Shipment:**

Send specimen **immediately** to be received by Biochemical Genetics Laboratory no later than 3:00 pm of collection day.