

BETA-
GALACTOSIDASE,
LEUKOCYTE/
PLASMA/
FIBROBLASTS

Orderable - BGALAL/BGALAP/ Fibroblasts-Use Requisition to order

Alternate Name(s):

GMI Gangliosidosis
MPSIVB
Morquio B Disease



Laboratory:
Biochemical Genetics Lab



Requisition:
[BIOCHEMICAL GENETICS
LAB REQUISITION](#)

Specimen:

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

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.

Reference Ranges:

Leukocyte:
139-248 nmol/hr/mg protein

Plasma:
6.3-42.0 nmol/hr/mL plasma

Fibroblasts:
335-435 nmol/hr/mg protein



Test Schedule:
As required

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Storage and Shipment:

Sample must be sent to lab **immediately**.