

HYPOXANTHINE-  
GUANINE  
PHOSPHORIBOSYL  
TRANSFERASE,  
WHOLE BLOOD

## Orderable - HGPRT

---

### Alternate Name(s):

Lesch-Nyhan Syndrome

### Specimen:

6 mL Green (Sodium Heparinized) top Vacutainer tube

### Collection Information:

Minimum volume required for testing is 2 mL (Sodium Heparinized whole blood).

#### **Note:**

*Please make arrangements with Laboratory at least 24 hours in advance before collection*

### Reference Ranges:

See report

### Special Processing:

Contact Biochemical Genetics before drawing sample for testing.



#### **Laboratory:**

Biochemical Genetics Lab



#### **Requisition:**

[BIOCHEMICAL GENETICS  
LAB REQUISITION](#)



#### **Test Schedule:**

Test must be prearranged before collection by calling the lab at 519-685-8500  
Specimen Receiving ext. 71561