

## Overview

### Special Instructions

- [Neurochemistry and Metabolic Test Request Form](#)

### Method Name

HPLC/Fluorescence

### NY State Available

Yes

## Specimen

### Specimen Type

CSF

### Shipping Instructions

Ship samples frozen on dry ice.

### Specimen Required

**Supplies:** Medical Neurogenetics CSF Collection Kit (MCL T657) **is required.**

**Container/Tube:** 5 Microcentrifuge tubes from the Medical Neurogenetics CSF Collection Kit

**Note:** One set of tubes is required per patient.

**Specimen Volume:** 4.5 mL total; collected in 5 tubes as described below

#### Collection Instructions:

CSF should be collected from the first drop into the tubes **in the numbered** order.

1. Fill each tube to the marked line with the required volumes.

Tube 1: 0.5 mL

Tube 2: 1 mL

Tube 3: 1 mL (contains antioxidants necessary to protect the sample integrity)

Tube 4: 1 mL

Tube 5: 1 mL

-If sample is **not** contaminated with blood, the tubes should be placed on dry ice at the bedside.

-If sample is contaminated with blood, the tubes should immediately be centrifuged (prior to freezing) and the clear CSF transferred to new similarly labeled tubes, then freeze. Store samples at -80 degrees C until they can be shipped.

2. Complete Medical Neurogenetics, LLC request form. Include test required, sample date and date of birth.

3. Label tubes with patient name and ID number, leaving the tube number visible.

4. Place samples inside a specimen transport bag and the Medical Neurogenetics, LLC request form inside the pouch of the transport bag.

5. Ship samples frozen on dry ice.

**Specimen Stability Information:** Frozen at -80 degrees C, Indefinitely/Frozen at -20 degrees C, 72 hours

**Forms**

Complete and submit a [Neurochemistry and Metabolic Test Request Form](#) with the specimen.

**Reject Due To**

Specimens other than CSF in special collection kit (MCL T657)	Reject
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**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
CSF	Frozen		CSF KIT

**Clinical & Interpretive****Reference Values**

0 to <3 months: 30-80 nmol/L

3 months to <1 years: 23-65 nmol/L

1 year to <4 years: 15-51 nmol/L

4 years to adult: 10-37 nmol/L

**Performance****PDF Report**

Referral

**Day(s) Performed**

Monday through Friday

**Report Available**

12 to 18 days

**Performing Laboratory Location**

Medical Neurogenetics, LLC

**Fees & Codes**

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**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**Test Classification**

This test was developed and its performance characteristics determined by Medical Neurogenetics, LCC. It has not been cleared or approved by the U.S. FDA.

**CPT Code Information**

84207

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FPD5C	Pyridoxal 5-phosphate Conc., CSF	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z6357	Pyridoxal 5-Phosphate Concentration	75056-2