OREGON HEALTH & SCIENCE UNIVERSITY
Technical Supervisor: Andrea E. DeBarber, PhD
Email: debarber@ohsu.edu
Director/Clinical Consultant: P. Bart Duell, MD

Sterol Analysis Laboratory
Oregon Health & Science University
3181, SW Sam Jackson Park Road
Portland, OR 97239
Laboratory Phone: 503-494-4593
CAP # 2442607 **CLIA # 38D06-56829**

Form Title: Sterol Analysis Laboratory Test Requisition Form

Patient Information

Patient Last name	First name	MI	Sex	DOB (MM/DD/YY) ___/____/___
Dx Code	Collection Date (MM/DD/YY) ____/____/____	Ordering Physician:		
Patient ID #	Time (use 24 hour clock) _____:_____	Name (printed)		
Patient Medications:		Signature* (required) *By signing the physician attests that they have provided a detailed explanation of the risks, benefits and limitations of the requested testing to the patient/parent/guardian. It is the physician's responsibility, prior to ordering any test, to obtain consent for testing from the patient (or authorized representative) as required by applicable state law and/or regulations.		

Reporting and Billing

Send Bill To:*	Send Report To:
Referring Laboratory/Patient	Ordering Physician
Address	Address
State, Zip Code	State, Zip Code
Phone	Phone
Fax	Fax
Contact Person Name	Physician Email
Contact Person Email	Additional Email

**Billing is to the Referring Laboratory or Patient. We regret that we are unable to bill Insurance.*

Shipping: Specimens should optimally be shipped by overnight express carrier Monday through Thursday. Saturday delivery may be available upon request. If possible please contact us and provide a tracking number for shipment. Whole blood specimens should be shipped with an "ice pack" (do not freeze). Plasma should be shipped frozen on dry ice. Urine can be shipped with "ice pack" or frozen.

Ship to: Attention: Andrea DeBarber (503-494-4593)
Mailcode L469B
RJH Room 3360, Dock 4, Oregon Health & Science University
3181 SW Sam Jackson Park Road
Portland, OR 97239-3098

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Test Ordering Selection				
Miscellaneous Blood Testing	CPT Code	Sample Types and Amounts	Cost	Check Test(s):
Plasma 7-Dehydrocholesterol **(Smith–Lemli-Opitz syndrome/SLOS/RSH)**	82542	Plasma -1 mL EDTA/Heparin or Whole blood 3 mL EDTA/Heparin	$255	☐
Plasma Sitosterol **(Sitosterolemia/Phytosterolemia)**	82542		$255	☐
Sterols, Miscellaneous	82542		$255	☐
Standard Blood and Urine Testing for **Cerebrotendinous Xanthomatosis/CTX**	CPT Code	Sample Types and Amounts	Cost	Check Test(s):
Plasma/Serum Cholestanol	82542	Plasma -1 mL EDTA/Heparin or Whole blood 3 mL EDTA/Heparin	$255	☐
Urine Bile Alcohol (5β-Cholestane-3α,7α,12α,23S,25-pentol)	82542	Random Urine - 5 mL No Preservative	$235	☐
Additional Blood Testing Available for **Cerebrotendinous Xanthomatosis/CTX**	CPT Code	Sample Types and Amounts	Cost	Check Test(s):
Plasma/Serum 7α-Hydroxy-4-cholesten-3-one	82542	Plasma -1 mL EDTA/Heparin or Whole blood 3 mL EDTA/Heparin	$195	☐
Plasma/Serum 7α,12α-Dihydroxy-4-cholesten-3-one	82542		$195	☐
Plasma/Serum Bile Alcohol (5β-Cholestane-3α,7α,12α,25-tetrol Glucuronide)	82542		$195	☐

To be completed by Sterol Analysis Laboratory staff:

Received by:_____ Date:_____

Sample arrived under acceptable conditions and within stability window. ☐ Yes ☐ No

Specimen Type:_____ Sample ID:_____

Specimen Type:_____ Sample ID:_____

Specimen Type:_____ Sample ID:_____

Specimen Type:_____ Sample ID:_____

Sample ID example: STAN_YYMMDD_00X. The date the sample is received (YYMMDD) and order of receival (001, 002, etc.)