Ascension St. John

Gaucher Disease Enzyme Analysis (Glucocerebrosidase)

Order Name: Gaucher Enzyme Test Number: 5194842 Revision Date: 12/12/2022

TEST NAME		МЕТНО	DDOLOGY	LOINC CODE
Gaucher Disease Enzyme Analysis (Glucocerebrosidase)			est Notes	
SPECIMEN REQUIREMENTS				
Specimen Speci	imen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred See Ir	nstructions	See Instructions	See Instructions	Refrigerated
Speci Time- throu Speci Speci	 cimen Type: Adult: Two 10 mL Whole Blood from lavender-top (EDTA) tube(s). Pediatric: One lavender-top (EDTA) tube. cimen Storage: Refrigerate after collection. Transport to the testing laboratory using cool packs. Do NOT allow the sample to freeze. e-sensitive; specimens must be received within four days of collection; please collect/ship to Labcorp Oklahoma Inc. in Tulsa Monday ugh Wednesday ONLY. cial Instructions: Testing referred to Integrated Genetics TC# 370 Specimens must arrive at testing laboratory within four days of collection. Collect Monday through Wednesday ONLY. While enzyme testing is offered as a standalone test. cimens must arrive at testing laboratory within four days of collection. Collect Monday through Wednesday only. While enzyme testing is offered standalone test, it is strongly recommended that clients opt for both DNA and enzyme testing. 			
Expected TAT	3 - 13 days			
Clinical Use	Gaucher disease occurs at an increased frequency in individuals of Ashkenazi Jewish descent, with a carrier frequency of approximately 1 in 15. It is a lysosomal storage disorder with variable severity that, if untreated, may result in anemia, hepatosplenomegaly, nosebleeds, and fractures. In the more severe and rare form, the brain and nervous system are involved. Enzyme analysis is performed in individuals suspected of having the disease, who may need enzyme replacement therapy.			
Notes	Labcorp Test Code: 451780 Methodology: Glucocerebrosidase (leukocyte) is measured by fluorometric enzyme assay using 4-methylumbelliferyl-beta-D-glucosida as substrate, with/without glucocerebrosidase-specific inhibitor.			
CPT Code(s)	84155, 82963			

Service Provided By

