


**Galactose 1 Phosphate**

Order Name: **GAL1PHOS**  
Test Number: **3703875**  
Revision Date: **09/18/2024**

TEST NAME	METHODOLOGY	LOINC CODE
Galactose-1-phosphate (mg/dL)	Quantitative Gas Chromatography-Mass Spectrometry	2312-7

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (mL)	Specimen Type	Specimen Container	Transport Environment
Preferred	3 mL (2)	Whole Blood	EDTA (Lavender Top)	Refrigerated
Alternate 1	5 mL (2)	Whole Blood	Sodium Heparin (Green Top / No-Gel)	Refrigerated
Instructions	<b>Specimen:</b> 3mL (2mL) of EDTA Whole Blood or Sodium Heparin Whole Blood <b>Stability:</b> Ambient n/a; Refrigerated 72hrs; Frozen: n/a <b>Cause for Rejection:</b> Gross hemolysis			

GENERAL INFORMATION	
Expected TAT	10 - 15 days
Clinical Use	Monitoring dietary therapy of patients with galactosemia due to deficiency of galactose-1-phosphate uridylyltransferase or uridine diphosphate galactose-4-epimerase. Galactose-1-phosphate uridylyltransferase (GALT) deficiency is the most common cause of galactosemia and requires lifelong restriction of dietary galactose. Galactose-1-phosphate is elevated in patients with galactosemia due to GALT deficiency or uridine diphosphate galactose-4-epimerase deficiency, therefore is a suitable analyte for monitoring dietary compliance.
CPT Code(s)	84378
Service Provided By	 <b>labcorp</b> Oklahoma, Inc.