

<b>Test:</b>	<b>Glycoprotein (transferrin) analysis to screen for congenital disorder of glycosylation (CDG)- Serum AND Dried blood spot (DBS) sample</b>
<b>CHM LAB Mnemonic:</b>	<b>PCDGg</b>
<b>NHRPL Tariff code:</b>	4268
<b>Tariff (including VAT):</b>	R 2 455,63
<b>Description:</b>	Above price includes the assay, quantification and interpretation
<b>Turnaround time:</b>	30 work days from receipt of sample at our laboratory
<b>Comments:</b>	<ol style="list-style-type: none"> <li>1. This test is utilised in the diagnosis of <b>congenital disorders of glycosylation</b>. This include <b>type 1</b> and <b>to some extent type 2 subtypes</b>. Some CDGs (such as ALG13-CDG) do not present with an abnormal glycoprotein profile.</li> <li>2. Blood transfusion may influence the analysis. We recommend sample collection for this test, 2 weeks after transfusion, to prevent false negative results.</li> </ol>
<b>Sample requirements, viability, stability:</b>	<ol style="list-style-type: none"> <li>1. <b>VERY IMPORTANT: 2ml SST serum sample AND 1 x Dried blood spot (DBS) sample. If only one sample type is available, it should <u>always</u> be a serum sample. <u>Unfortunately no testing will be done if only a DBS is received.</u></b></li> <li>2. <b>Serum sample:</b> spin sample(s) down, separate serum, transfer serum to another tube, freeze overnight, send on dry ice.</li> <li>3. <b>DBS sample:</b> Keep in sealed paper envelope after dried according to requirements, send separate from other wet specimens and within 2 days after collection. Humidity and extreme temperature may influence the stability of metabolites.</li> <li>4. <b>Viability:</b> Serum - 6 months. DBS: 1 month, kept in a dry, cool place.</li> </ol>
<b>Information Required with sample(s):</b>	<p>Absent clinical details may affect the interpretation of results and recommendations for further/additional testing and subsequent diagnosis of a metabolic disorder. <b><u>Consent to use below information (point 4) is required according to POPIA regulation.</u></b></p> <ol style="list-style-type: none"> <li>1. Clinical history of the patient. The referring clinician can complete the clinical history form on our website at <a href="https://pliem.co.za/test-request-form">https://pliem.co.za/test-request-form</a> OR download the clinical history form from our website (same link) and send it with sample/email it to <a href="mailto:pliem@nwu.ac.za">pliem@nwu.ac.za</a>.</li> <li>2. Other relevant medical reports (e.g. MRI brain, EEG, X-Ray reports, sonar reports, biopsy reports, genetic testing reports, etc) which may assist in the diagnosis of a metabolic disorder can be emailed to <a href="mailto:pliem@nwu.ac.za">pliem@nwu.ac.za</a>.</li> <li>3. Cumulative, routine pathology results of the patient (including archive results available) - this must be provided and emailed to <a href="mailto:pliem@nwu.ac.za">pliem@nwu.ac.za</a> by the referring pathology laboratory.</li> <li>4. Please complete the short consent form (<a href="https://pliem.co.za/test-request-form">https://pliem.co.za/test-request-form</a>) and also indicate if the patient/family would like to be contacted by our Rare Disease Biobank.</li> </ol>
<b>Method:</b>	LC-MS/MS glycoprotein (transferrin) analysis - Newly implemented from 1 Jan 2022
<b>Reference range &amp; units:</b>	Reference ranges and units not applicable, as pattern recognition is utilised for CDG typing.
<b>Contact no for results &amp; other enquiries:</b>	018 299 2312 (Call centre): 1) Result, patient, sample and TAT inquiries, 2) Diagnostic/interpretation services, 3) Biobank inquiries
<b>E-mail address:</b>	<a href="mailto:pliem@nwu.ac.za">pliem@nwu.ac.za</a>
<b>Delivery address for samples:</b>	Centre for Human Metabolomics (CHM), Sample reception laboratory (all sites) 11 Hoffmann Street, Building F3, Lab Number G19 (new building ground floor) North West University (NWU), Potchefstroom. 2531