



IEM REQUEST FORM

BIOCHEMISTRY UNIT, SPECIALISED DIAGNOSTIC CENTRE
 INSTITUTE FOR MEDICAL RESEARCH (IMR)
 Jalan Pahang, 50588 Kuala Lumpur, Malaysia
 Contact No. : 03-26162640 / 2649 / 2796
 www.imr.gov.my

IMR Lab. Number

IMPORTANT NOTICE : To ensure correct, reliable result and interpretation given, the following must be followed :

1. Please fill up the entire form.
2. At least 2ml plasma and 5ml urine are required.
3. Separate plasma / serum from RBC immediately. Grossly hemolysed samples will be rejected.
4. All samples (plasma / urine / CSF) must be frozen immediately and transport in DRY ICE to IMR.
5. For enzyme assays, please send chilled whole blood in EDTA tube (DO NOT SPIN, DO NOT FREEZE).

Name : _____ Age : _____ Sex : M / F / U Race : M / C / I / O
 RN : _____ ID : (preferably patient's IC) _____ Hospital : _____ Ward : _____
 Address : _____ Tel : _____

1. Symptoms / Signs of Current Illness :

Fever		Poor sucking / feeding	
Pallor		Respiratory problem	
Jaundice		Difficulty in breathing	
Hypothermia		Mental retardation	
Hypotonia / floppy		Developmental delay	
Cyanosed		Failure to thrive	
Lethargy		Feeding intolerance	
Easily irritable		Septicaemic-like illness	
Seizures or h/o seizures		Headache	
Drowsy		Smelly urine	
Coma		Colored urine	
Abnormal behaviour		Skin lesions	
Frequent vomiting		Eye lesions	

Other symptoms / signs :

2. Feeding History :

Type of milk : Breast / Formula / Mixed /
 Solid diet : _____

3. Family History : Consanguinity : Yes / No. If Yes please specify : _____

Occurrence of in	Stillbirth	Neonatal death	Neonatal seizures	Metabolic disease
Siblings				
Maternal side				
Paternal side				

4. Physical Examination :

Respiratory distress		Hyperreflexia	
Dysmorphic features		Nystagmus	
Hypothermia		Optical atrophy	
Cardiomyopathy		Ptosis	
Drowsy		Abnormal odour	
Coma		Abnormal hair	
Opisthotonus		Hepatomegaly	
Dystonia		Splenomegaly	
Choreoathetoid movement		Eczema / Other rashes	
Hypotonia		Others (specify)	

5. Treatment Given : (specimen should be taken before any form of treatment given or stop for 2-3 days)

Drug therapy :
 Antibiotic : No / Yes _____
 Steroid : No / Yes _____
 Anticonvulsant : No / Yes _____
 Other drug : (please state) _____
 Fluid infusion : Saline / Dextrose /
 Mannitol / Parenteral
 feeding /
 Others : _____

6. Lab Result : (before treatment is given)

LFT
 ALT : _____ U/L
 AST : _____ U/L
 ALP : _____ U/L

Blood Glucose : _____ mmol/L
Blood Ammonia : _____ umol/L
Blood Lactate : _____ mmol/L
Pyruvate : _____ mmol/L

Urine Analysis
 pH : _____
 Ketones : Pos / Neg
 Reducing Sugar : Pos / Neg
Anion Gap : _____

Blood Gases : Normal / Met acidosis / Met alkalosis / Resp acidosis / Resp alkalosis

CT Scan / MRI : _____
Other relevant test (specify) : _____

Provisional Diagnosis :

7. Test Required : (Please tick ONLY appropriate test / s required)

1	Inborn Error Metabolism (IEM) Screening, Blood Spot
2	Biotinidase Enzyme Activity, Blood Spot
3	Galactosemia Screening, Blood Spot
4	Acid Alpha-Glucosidase (POMPE), Blood Spot
5	Lysosomal Storage Disorders (LSD) Screening, Blood Spot
6	Amino Acids, Plasma
7	Amino Acids, CSF
8	Carnitine Total & Free, Plasma
9	Homocysteine Total, Plasma
10	Pipecolic Acid, Plasma
11	Peroxisomal Disorder Profile, Plasma / Serum (VLC)
12	Organic Acids, Urine
13	Orotic Acid, Urine
14	Succinylacetone, Urine
15	Myoglobin & Hemoglobin, Urine
16	Cystine & Homocystine, Urine
17	Argininosuccinic Acid, Urine (ASA)
18	Lysine Metabolism Profile, Urine (P6C)
19	Sugar & Polyols, Urine
20	Mucopolysaccharides (GAGs / HRE), Urine
21	Oligosaccharide, Urine
22	S-Sulphocysteine, Urine
23	Sialic Acid, Total & Free, Urine
24	Delta-Amino Levulinic Acids (Delta-ALA), Urine (protect from light)
25	Porphyria Profile, Urine (protect from light)
26	Creatine & Guanidinoacetic Acid, Urine
27	Creatine & Guanidinoacetic Acid, Blood Spot
28	Creatine & Guanidinoacetic Acid, Plasma
29	5-Hydroxy-Indole-Acetic Acid (5-HIAA) for Carcinoid Tumour, 24 H Urine
30	Biogenic Amines, CSF - Neurotransmitter (protect from light)
31	Biogenic Amines, Urine - Neurotransmitter (protect from light)
32	Pterins, Urine - Neurotransmitter (protect from light)
33	Pterins, CSF - Neurotransmitter (protect from light, special microtube with preservative EDTA and DTE provided by the Biochemistry Unit, IMR)

BY CONSULTATION ONLY	
<i>(Please state the person's name whom spoken to upon requesting the following test / s)</i>	
SPOKEN TO :	
34	Amino Acids, Urine
35	Carnitine, 24 H Urine
36	Organic Acids, Plasma (FORENSIC ONLY)
37	Organic Acids, Vitreous Humour (FORENSIC ONLY)
38	PANEL TEST : Mucopolysaccharidoses Enzyme Assays <i>(Choose NOT more than TWO diseases of enzyme)</i>
	i. MPS Type I (IDA)
	ii. MPS Type II (IDS)
	iii. MPS Type IIIa (SULP)
	iv. MPS Type IIIb (AHEX)
	v. MPS Type IVa (GALSO)
	vi. MPS Type IVb (BGAL)
	vii. MPS Type VI (ASB)
	viii. MPS Type VII (BGLUCU)
	ix. Multiple Sulphatase (ASA)
39	PANEL TEST : Lysosomal Storage Disease Enzyme Assays <i>(Choose NOT more than TWO diseases of enzyme)</i>
	i. Aspartylglucosaminuria (GASP)
	ii. Sandhoff Disease (BHEX)
	iii. β -Mannosidosis (BMAN)
	iv. Tay-Sachs Disease (MUGS)
	v. Fabry Disease (AGAL)
	vi. Mucopolidosis (AMANP)
	vii. Leukodystrophy (ASA)
	viii. GM1-Gangliosidosis (BGAL)
	ix. α -Mannosidosis (AMAN)
	x. Fucosidosis (AFUC)
	xi. Ceroid Lipofuscinosis (PPT)
	xii. Gaucher Disease (BGLU)
	xiii. Krabbe Disease (GALC)
	xiv. General LSD Marker (CHITO)
	xv. Schindler Disease (ANAG)
	xvi. Niemann Pick A/B (ASM)
40	Others (please specify) :

***For details information of sample requirements, please refer to IMR Test List and IMR Handbook available at IMR Website (www.imr.gov.my)**

Collected by :

Date specimen collected :

Date specimen sent :

Specialist In-Charge (Sign & Stamp) :