

**Ordered By**

Physician Name: Physician, Test

**Reason for Referral:** kidney stones

**Patient Name:** Test, urineAA

Accession #: R5003

Specimen #: X5003

Specimen: Urine

Birthdate: 08/05/2019

Age: 1

Gender: Male

MRN #: 151911

Collected: 08/04/2020

Ethnicity: Caucasian

Received: 08/05/2020

**Urine Amino Acid Analysis - Quantitative**
**RESULTS**

ANALYTE	REFERENCE RANGE*	RESULT*	FLAG
3-Methyl-histidine	0-682	<b>18</b>	
Alanine	0-2090	<b>5</b>	
Alloisoleucine	0-25	<b>10</b>	
Alpha-aminoadipate	0-516	<b>15</b>	
Alpha-amino-n-butyrate	0-106	<b>20</b>	
Anserine	0-820	<b>3</b>	
Arginine	0-262	<b>25</b>	
Argininosuccinate	0-61	<b>30</b>	
Asparagine	0-970	<b>35</b>	
Aspartate	0-308	<b>40</b>	
Beta-alanine	0-496	<b>0</b>	
Beta-Aminolsobutyrate	0-1742	<b>491</b>	
Citrulline	0-123	<b>46</b>	
Creatine/Creatinine Ratio	0-1.55	<b>0.46</b>	
Creatinine	5.8-85.8	<b>19.8</b>	
Cystathionine	0-159	<b>20</b>	
Cystine	0-212	<b>15</b>	
Delta-aminolevulinate	0-42	<b>13</b>	
Gamma-amino-n-butyrate	0-43	<b>30</b>	
Glutamate	0-376	<b>61</b>	
Glutamine	0-3112	<b>66</b>	

ANALYTE	REFERENCE RANGE*	RESULT*	FLAG
Glycine	0-9207	<b>71</b>	
Guanidinoacetate	30-1200	<b>75.9</b>	
Histidine	0-3879	<b>81</b>	
Homocitrulline	0-174	<b>86</b>	
Homocystine	0-7	<b>91.0</b>	H
Hydroxyproline	0-525	<b>96</b>	
Isoleucine	0-100	<b>101</b>	H
Leucine	0-269	<b>106</b>	
Lysine	0-666	<b>111</b>	
Methionine	0-69	<b>116</b>	H
Ornithine	0-119	<b>121</b>	H
Phenylalanine	0-326	<b>126</b>	
Proline	0-517	<b>137</b>	
Sarcosine	0-103	<b>142</b>	H
Serine	0-2249	<b>147</b>	
Sulfocysteine	0-87	<b>2000</b>	H
Taurine	0-3852	<b>152</b>	
Threonine	0-953	<b>157</b>	
Tryptophan	0-321	<b>162</b>	
Tyrosine	0-509	<b>167</b>	
Valine	0-254	<b>172</b>	

\*Values in micromols/g creatinine  
\*Creatinine value in mg/dl  
\*Creatine/Creatinine value in mol/mol ratio

## INTERPRETATION

Mock Report

## ASSAY INFORMATION

### Method

Liquid chromatography tandem mass spectrometry (LC-MS/MS)

### Limitations/Disclaimer

False negative results can occur in rare situations when diet and/or clinical condition masks or normalizes disease relevant analyte perturbations. In addition, false negatives may occur when disease presentation is intermittent or the result of a mild defect. Results should always be viewed in the context of clinical presentation and concurrent laboratory studies.

This test was developed and its performance characteristics determined by Indiana University Biochemical Genetics Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. This test is used for clinical purposes. It should not be regarded as investigational or for research. The laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) as qualified to perform high complexity clinical laboratory testing. CLIA# 15D0647198 • CAP# 1678930

## ELECTRONICALLY SIGNED BY

Marcus J. Miller, Director of the Biochemical Genetics Laboratory, 08/05/2020



### IU Genetic Testing Laboratories

975 W. Walnut St., IB 350 Indianapolis, IN 46202 • Phone: (317) 274-2243 • Fax: (317) 278-1616  
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