

Client: Example Client ABC123 123 Test Drive Salt Lake City, UT 84108 UNITED STATES

Physician: Doctor, Example

## **Patient: Patient, Example**

**DOB** 11/20/1993

**Gender:** Male

**Patient Identifiers:** 01234567890ABCD, 012345

**Visit Number (FIN):** 01234567890ABCD **Collection Date:** 00/00/0000 00:00

## Galactose-1-Phosphate Uridyltransferase (GALT Enzyme), RBC

ARUP test code 3001790

Galac-1-Phos Uridyltransferase

26.7 U/g Hb

(Ref Interval: >=19.4)

Normal galactose-1-phosphate uridyltransferase activity.

INTERPRETIVE INFORMATION: Galac-1-Phos Uridyltransferase

One U/g Hb is equivalent to one umol/hour/gram of hemoglobin (umol/hr/g Hb).

Genotype  $\begin{array}{c} \text{Galac-1-Phos Uridyltransferase} \\ \text{activity(umol/hr/g Hb)} \\ \text{Classic galactosemia(G/G)} & \dots & \text{Less than or equal to 0.7} \\ \text{Duarte galactosemia(D/G)} & \dots & 3.1-7.8 \\ \text{Classic galactosemia carrier(G/N)} & \dots & 6.5-16.2 \\ \text{Duarte homozygous(D/D)} & \dots & 6.4-16.5 \\ \text{Duarte carrier(D/N)} & \dots & 12.0-24.0 \\ \text{Normal(N/N)} & \dots & \text{Greater than or equal to 19.4} \\ \end{array}$ 

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

H=High, L=Low, \*=Abnormal, C=Critical

4848



VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Galac-1-Phos Uridyltransferase	22-355-135934	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

**END OF CHART** 

H=High, L=Low, \*=Abnormal, C=Critical

Patient: Patient, Example
ARUP Accession: 22-355-135934
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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