

Overview

NY State Available

No

Specimen

Specimen Type

Varies

Specimen Required

Varies

This is a Miscellaneous Referral Test. For specific requirements, please refer to the referred tests list under the catalog tab on the MCL Website (external) or the Referral Catalog (CRM) (internal). If unable to find the correct test, request forms, or specimen requirements, contact Customer Service at 1-800-533-1710 or 6-5700.

NOTE: Provide when ordering

1. Test name
2. Performing lab code
3. Specimen Type
4. Required consent and/or requisitions form including patient specific information, i.e. consent forms, clinical information, family history. Please contact Customer Service at 1-800-533-1710 or 6-5700 for required forms.

Specimen Minimum Volume

Varies

Reject Due To

| | |
|-----------|----|
| Hemolysis | NA |
| Lipemia | NA |
| Icterus | NA |
| Other | NA |

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|---------------|-------------|------|-------------------|
| Varies | Varies | | |

Clinical & Interpretive

Reference Values

Test Performed by: Machaon Diagnostics, Inc.
3023 Summit St.
Oakland, CA 94609

Performance

PDF Report

Referral

Day(s) Performed

Varies

Report Available

Varies

Performing Laboratory Location

Machaon Diagnostics, Inc.

Fees & Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

CPT Code Information

Varies

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|--------------------------|--------------------|
| ZW266 | Misc Machaon Diagnostics | 51991-8 |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|------------------|---------------------|
| ZT266 | Test Name | 19145-2 |
| ZR266 | Result | 19146-0 |