

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

Performance

PDF Report

Referral

Day(s) Performed

Varies

Report Available

Varies

Performing Laboratory Location

Nationwide Childrens Hospital

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
ZW333	Misc. Nationwide Childrens Hospital	Not Provided

Result ID	Test Result Name	Result LOINC® Value
ZT333	Test Name	Not Provided
ZR333	Result	Not Provided