

## 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 requisition forms, 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

**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
ZW347	Misc. Blueprint Genetics	Not Provided

Result ID	Test Result Name	Result LOINC® Value
ZT347	Test Name	19145-2
ZR347	Result	19146-0