

**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

**Specimen Minimum Volume**

Varies

**Reject Due To**

Specimens other than	Varies
Anticoagulants other than	NA
Hemolysis	NA
Lipemia	NA
Icteric	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**

University of Colorado Hospital Clinical Laboratory

**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
ZW128	Misc Univ of CO Hospital Clin Lab	51991-8

Result ID	Test Result Name	Result LOINC® Value
ZT128	Test Name	19145-2
ZR128	Result	19146-0
ZF128	Flag	No LOINC Needed
ZV128	Reference Value	19147-8
ZU128	Unit of Measure	No LOINC Needed