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Overview

Method Name
Varies

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

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

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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
The Children's Hosp of Philadelphia

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
ZW163	Misc CHOP	51991-8

Result ID	Test Result Name	Result LOINC® Value
ZT163	Test Name	19145-2
ZR163	Result	19146-0
ZF163	Flag	No LOINC Needed

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ZV163	Reference Value	19147-8
ZU163	Unit of Measure	No LOINC Needed