

## 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

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

## Clinical & Interpretive

### Reference Values

Test Performed By: Medical Neurogenetics Lab  
5424 Glenridge Drive NE  
Atlanta, GA 30342

## Performance

### PDF Report

Referral

### Day(s) Performed

Varies

### Report Available

Varies

### Performing Laboratory Location

Medical Neurogenetics, LLC

## 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
ZW179	Misc Medical Neurogenetics, LLC	51991-8

Result ID	Test Result Name	Result LOINC® Value
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ZT179	Test Name	19145-2
ZR179	Result	19146-0
ZF179	Flag	No LOINC Needed
ZV179	Reference Value	19147-8
ZU179	Unit of Measure	No LOINC Needed