

**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.

**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: Ambry Genetics  
100 Columbia No. 200  
Aliso Viejo, CA 92656

**Performance****PDF Report**

Referral

**Day(s) Performed**

Varies

**Report Available**

Varies

**Performing Laboratory Location**

Ambry Genetics

**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](#).

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
ZW185	Misc Ambry Genetics	51991-8

Result ID	Test Result Name	Result LOINC® Value
ZT185	Test Name	19145-2
ZR185	Result	19146-0
ZF185	Flag	No LOINC Needed
ZV185	Reference Value	19147-8
ZU185	Unit of Measure	No LOINC Needed