

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 Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Varies (preferred)		

Clinical & Interpretive**Performance****PDF Report**

Referral

Performing Laboratory Location

PerkinElmer Genetics, Inc.

Fees & Codes**Test Classification****CPT Code Information**

Varies

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
ZW224	Misc PerkinElmer Genetics, Inc	51991-8

Result ID	Reporting Name	LOINC®
ZT224	Test Name	19145-2
ZR224	Result	19146-0
ZF224	Flag	No LOINC Needed
ZV224	Reference Value	19147-8
ZU224	Unit of Measure	No LOINC Needed