
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

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

Specimen Minimum Volume

Varies

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Varies (preferred)		

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

Referral

Performing Laboratory Location

Karius Laboratory

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

Varies

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
ZW300	Misc. Karius Laboratory	51991-8

Result ID	Reporting Name	LOINC®
ZT300	Test Name	19145-2
ZR300	Result	19146-0