

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

Nationwide Childrens Hospital

Fees & Codes

Test Classification

CPT Code Information

Varies