

## 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.

**Reject Due To**

Specimens other than	Varies
Anticoagulants other than	NA
Hemolysis	NA
Lipemia	NA
Icteric	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**

GeneDx, Inc.

**Fees & Codes**

**Test Classification**

**CPT Code Information**

Varies