
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 Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Varies (preferred)		

Clinical & Interpretive**Reference Values**

Test Performed By: Connective Tissue Gene Tests, LLC

6575 Snowdrift Road, Suite 106

Allentown, PA 18106

Performance**PDF Report**

Referral

Performing Laboratory Location

Connective Tissue Gene Tests Lab

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

Varies

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
ZW193	Misc CTGT	51991-8

Result ID	Reporting Name	LOINC®
ZT193	Test Name	19145-2
ZR193	Result	19146-0
ZF193	Flag	No LOINC Needed
ZV193	Reference Value	19147-8
ZU193	Unit of Measure	No LOINC Needed