

## 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

**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: University of Utah Genome Center  
20 South 2030 East  
Biomedical Polymers Building 570  
Room 308

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Salt Lake City, UT 84112-9454

## Performance

### PDF Report

Referral

### Performing Laboratory Location

Univeristy of Utah Genome Center

## Fees & Codes

### Test Classification

### CPT Code Information

Varies