

## 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.

### Specimen Minimum Volume

Varies

### 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		

**Clinical & Interpretive****Clinical Information**

NA

**Reference Values**

Varies with test

**Performance****Method Description**

NA

**PDF Report**

Referral

**Day(s) Performed**

Varies

**Report Available**

Varies

**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

**CPT Code Information**

Varies

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
ZW2	Misc MML Referral Test 2	51991-8

Result ID	Test Result Name	Result LOINC® Value
ZT2	Test Name	19145-2
ZR2	Result	19146-0
ZF2	Flag	No LOINC Needed

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ZV2	Reference Value	19147-8
ZU2	Unit of Measure	No LOINC Needed