
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

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**Reference Values**

Vary with test requested.

Performance**PDF Report**

Referral

Fees & Codes**Test Classification****LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
ZW3	Misc MML Referral Test 3	51991-8

Result ID	Reporting Name	LOINC®
ZT3	Test Name	19145-2
ZR3	Result	19146-0
ZF3	Flag	No LOINC Needed
ZV3	Reference Value	19147-8
ZU3	Unit of Measure	No LOINC Needed