

**Reporting Title:** Misc. Nationwide Childrens Hospital

**Performing Location** Nationwide Childrens Hospital

**Specimen Requirements:**

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 Type	Temperature	Time	Special Container
Varies	Varies (preferred)	0 hours	

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
ZW333	ZT333	Test Name	Plain Text	Yes
ZW333	ZD333	Referral Lab Code	Plain Text	No
ZW333	ZQ333	Specimen Type	Plain Text	No

**Supplemental Report:**

Referral

**CPT Code Information:**

Varies