

**Reporting Title:** Misc Monogram Biosciences, Inc.

**Performing Location:** Monogram Biosciences, Inc

**Specimen Requirements:**

This is a Miscellaneous Referral Test. For specific requirements, refer to the Referred Tests List under the Test Catalog tab on [www.MayoClinicLabs.com](http://www.MayoClinicLabs.com). Internal Mayo Clinic providers: refer to the Referral Catalog in CRM. If unable to find the correct test, request forms, or specimen requirements, contact Customer Service at 800-533-1710 or 507-266-5700.

**The following must be provided when ordering:**

1. Test name
2. Performing lab code
3. Specimen Type
4. For required forms including requisitions and patient specific information forms, ie, consent forms, clinical information, family history, contact Customer Service at 800-533-1710 or 507-266-5700.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

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

Test ID	Question ID	Description	Type	Reportable
ZW149	ZT149	Test Name	Plain Text	Yes
ZW149	ZD149	Referral Lab Code	Plain Text	Yes
ZW149	ZQ149	Specimen Type	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
ZT149	Test Name	Alphanumeric		19145-2
ZR149	Result	Alphanumeric		19146-0
ZF149	Flag	Alphanumeric		No LOINC Needed
ZV149	Reference Value	Alphanumeric		19147-8
ZU149	Unit of Measure	Alphanumeric		No LOINC Needed

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

Referral

**CPT Code Information:**

See [Individual Test ID on the Referred Tests List](#)

**Reference Values:**

TEST PERFORMED BY: MONOGRAM BIOSCIENCES, INC.  
345 OYSTER POINT BOULEVARD  
SOUTH SAN FRANCISCO, CA 94080