

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
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

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Clinical and Interpretive

Reference Values

Test Performed by: Childrens Hospital of Colorado

13123 E 16th Ave

Aurora, CO 80045

Performance

PDF Report

Referral

Day(s) and Time(s) Test Performed

Varies

Analytic Time

Varies

Maximum Laboratory Time

Varies

Performing Laboratory Location

Childrens Hospital of Colorado

Fees and 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
ZW246	Misc Childrens Hospital of Colorado	51991-8

Result ID	Test Result Name	Result LOINC Value
ZT246	Test Name	19145-2
ZR246	Result	19146-0