

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

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 and Interpretive**Performance****PDF Report**

Referral

Day(s) and Time(s) Test Performed

Varies

Analytic Time

Varies

Maximum Laboratory Time

Varies

Performing Laboratory Location

City of Hope National Medical Center Fox South, Second Floor

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
ZW171	Misc City of Hope	51991-8

Result ID	Test Result Name	Result LOINC Value
ZT171	Test Name	19145-2
ZR171	Result	19146-0
ZF171	Flag	No LOINC Needed
ZV171	Reference Value	19147-8
ZU171	Unit of Measure	No LOINC Needed