

Reporting Title: Misc Inter Science Institute**Performing Location:** Inter Science Institute**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. 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 Minimum Volume:

See Individual Test ID on the Referred Tests List

Specimen Type	Temperature	Time
Varies	Varies	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
ZW71	ZT71	Test Name	Plain Text	Yes
ZW71	ZD71	Referral Lab Code	Plain Text	No
ZW71	ZQ71	Specimen Type	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
ZT71	Test Name	Alphanumeric		19145-2
ZR71	Result	Alphanumeric		19146-0
ZF71	Flag	Alphanumeric		No LOINC Needed
ZV71	Reference Value	Alphanumeric		19147-8
ZU71	Unit of Measure	Alphanumeric		No LOINC Needed

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
Referral

CPT Code: 1 × 84999