

**Reporting Title:** Misc Univ of Iowa Diagnostic Labs  
**Performing Location:** Univ. of Iowa Hosp. & Clinics Emory Warner Clinic

**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

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
ZW187	ZT187	Test Name	Plain Text	Yes
ZW187	ZD187	Referral Lab Code	Plain Text	Yes
ZW187	ZQ187	Specimen Type	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
ZT187	Test Name	Alphanumeric		19145-2
ZR187	Result	Alphanumeric		19146-0
ZF187	Flag	Alphanumeric		No LOINC Needed
ZV187	Reference Value	Alphanumeric		19147-8
ZU187	Unit of Measure	Alphanumeric		No LOINC Needed

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

**Supplemental Report:**  
Referral

**Reference Values:**  
Test Performed by: UI Diagnostic Laboratories  
Department of Pathology

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Iowa City, IA 52242