

Reporting Title: Misc MML Referral Test 1

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
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 Type	Temperature	Time	Special Container
Varies	Varies		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
ZW1	ZT1	Test Name	Plain Text	Yes
ZW1	ZD1	Referral Lab Code	Plain Text	Yes
ZW1	ZQ1	Specimen Type	Plain Text	Yes
ZW1	ZL1	Referral Lab Name	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
ZT1	Test Name	Alphanumeric		19145-2
ZR1	Result	Alphanumeric		19146-0
ZF1	Flag	Alphanumeric		No LOINC Needed
ZV1	Reference Value	Alphanumeric		19147-8
ZU1	Unit of Measure	Alphanumeric		No LOINC Needed

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

Supplemental Report:

Referral