

**Overview**
**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

**Specimen Minimum Volume**

Varies

**Reject Due To**

Hemolysis:	NA
Thawing:	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: UW Virology Dept of Lab Medicine,

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1616 Eastlake Ave E

Ste 320 BOX 358115

Seattle, WA 98102

## Performance

### PDF Report

Referral

### Day(s) and Time(s) Test Performed

Varies

### Analytic Time

Varies

### Maximum Laboratory Time

Varies

### Performing Laboratory Location

University of Washington

## 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
ZW282	Misc UW Virology Dept of Lab Med	51991-8

Result ID	Test Result Name	Result LOINC Value
ZT282	Test Name	19145-2
ZR282	Result	19146-0