

**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
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.

**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**
**Reference Values**

Test Performed by: University of Chicago Genetics Services

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5841 S. Maryland Ave.

Room 035, M/C 0077

Chicago, IL 60637

## Performance

### PDF Report

Referral

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

Varies

### Analytic Time

Varies

### Maximum Laboratory Time

7 days

### Performing Laboratory Location

Univeristy of Chicago Genetics Services

## 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](#).

### LOINC® Information

Test ID	Test Order Name	Order LOINC Value
ZW186	Misc Univ of Chicago Genetics Serv	51991-8

Result ID	Test Result Name	Result LOINC Value
ZT186	Test Name	19145-2
ZR186	Result	19146-0
ZF186	Flag	No LOINC Needed
ZV186	Reference Value	19147-8
ZU186	Unit of Measure	No LOINC Needed