

Overview

NY State Available

Yes

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 9-1-800-533-1710.

NOTE: Provide when ordering:

1. Test Name
2. Referral 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 9-1-800-533-1710 for required forms.

Specimen Minimum Volume

Varies

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Clinical & Interpretive

Performance

PDF Report

Referral

Day(s) Performed

Varies

Report Available

Varies

Performing Laboratory Location

CareDx, Inc.

Fees & 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 account representative. For assistance, contact [Customer Service](#).

CPT Code Information

Varies

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
ZW340	Misc. CareDx, Inc.	Not Provided

Result ID	Test Result Name	Result LOINC® Value
ZT340	Test Name	19145-2
ZR340	Result	19146-0