

Reporting Title: Misc Cincinnati Child Hosp Hem/Onc**Performing Location:** Cincinnati Children's Hosp Med Ctr Core Laboratories**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
ZW239	ZT239	Test Name	Plain Text	Yes
ZW239	ZD239	Referral Lab Code	Plain Text	No
ZW239	ZQ239	Specimen Type	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
ZT239	Test Name	Alphanumeric		19145-2
ZR239	Result	Alphanumeric		19146-0
ZF239	Flag	Alphanumeric		No LOINC Needed
ZV239	Reference Value	Alphanumeric		19147-8

Result ID	Reporting Name	Type	Unit	LOINC®
ZU239	Unit of Measure	Alphanumeric		No LOINC Needed

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

Referral

CPT Code Information:

Varies