

**Reporting Title:** Misc. Washington Univ Neuromuscular**Performing Location:** Washington University Neuromuscular Clinical Lab**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 Minimum Volume:**

Varies

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
ZW305	ZT305	Test Name	Plain Text	Yes
ZW305	ZD305	Referral Lab Code	Plain Text	No
ZW305	ZQ305	Specimen Type	Plain Text	No

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
ZT305	Test Name	Alphanumeric		19145-2
ZR305	Result	Alphanumeric		19146-0

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

Referral

**CPT Code Information:**

Varies