

Reporting Title: Misc. CareDx, Inc.**Performing Location:** CareDx, Inc.**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 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

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
ZW340	ZT340	Test Name	Plain Text	Yes
ZW340	ZD340	Referral Lab Code	Plain Text	No
ZW340	ZQ340	Specimen Type	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
ZT340	Test Name	Alphanumeric		19145-2
ZR340	Result	Alphanumeric		19146-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

Referral

CPT Code Information:

Varies