

Reporting Title: Misc IMMCO Diagnostics**Performing Location:** IMMCO Diagnostics, 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 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 |
|---------|-------------|-------------------|------------|------------|
| ZW143 | ZT143 | Test Name | Plain Text | Yes |
| ZW143 | ZD143 | Referral Lab Code | Plain Text | No |
| ZW143 | ZQ143 | Specimen Type | Plain Text | No |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|----------------|--------------|------|---------|
| ZT143 | Test Name | Alphanumeric | | 19145-2 |
| ZR143 | Result | Alphanumeric | | 19146-0 |

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|-----------------|--------------|------|-----------------|
| ZF143 | Flag | Alphanumeric | | No LOINC Needed |
| ZV143 | Reference Value | Alphanumeric | | 19147-8 |
| ZU143 | Unit of Measure | Alphanumeric | | No LOINC Needed |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
Referral