

Reporting Title: Misc CHOP**Performing Location:** The Children's Hosp of Philadelphia**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
ZW163	ZT163	Test Name	Plain Text	Yes
ZW163	ZD163	Referral Lab Code	Plain Text	No
ZW163	ZQ163	Specimen Type	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
ZT163	Test Name	Alphanumeric		19145-2
ZR163	Result	Alphanumeric		19146-0

Result ID	Reporting Name	Type	Unit	LOINC®
ZF163	Flag	Alphanumeric		No LOINC Needed
ZV163	Reference Value	Alphanumeric		19147-8
ZU163	Unit of Measure	Alphanumeric		No LOINC Needed

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
Referral

CPT Code Information:

Varies