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**Reporting Title:** Misc Univ of Chicago Genetics Serv  
**Performing Location:** Univeristy of Chicago Genetics Services**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
ZW186	ZT186	Test Name	Plain Text	Yes
ZW186	ZD186	Referral Lab Code	Plain Text	No
ZW186	ZQ186	Specimen Type	Plain Text	No

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
ZT186	Test Name	Alphanumeric		19145-2
ZR186	Result	Alphanumeric		19146-0
ZF186	Flag	Alphanumeric		No LOINC Needed
ZV186	Reference Value	Alphanumeric		19147-8

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Result ID	Reporting Name	Type	Unit	LOINC®
ZU186	Unit of Measure	Alphanumeric		No LOINC Needed

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**  
Referral**Reference Values:**

Test Performed by: University of Chicago Genetics Services  
5841 S. Maryland Ave.  
Room 035, M/C 0077  
Chicago, IL 60637