

Reporting Title: Misc Nemours Children's Hlth-Gastro**Performing Location:** Nemours Children's Health-Gastroenterology**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 Type	Temperature	Time	Special Container
Varies	Varies		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
ZW190	ZT190	Test Name	Plain Text	Yes
ZW190	ZD190	Referral Lab Code	Plain Text	No
ZW190	ZQ190	Specimen Type	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
ZT190	Test Name	Alphanumeric		19145-2
ZR190	Result	Alphanumeric		19146-0
ZF190	Flag	Alphanumeric		No LOINC Needed
ZV190	Reference Value	Alphanumeric		19147-8

Result ID	Reporting Name	Type	Unit	LOINC®
ZU190	Unit of Measure	Alphanumeric		No LOINC Needed

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
Referral**CPT Code Information:**

Varies

Reference Values: