

**Reporting Title:** Misc Cincinnati Child Hosp Med Ctr**Performing Location:** Cincinnati Children's Hospital Medical Ctr Molecular Genetics Lab**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
ZW204	ZT204	Test Name	Plain Text	Yes
ZW204	ZD204	Referral Lab Code	Plain Text	No
ZW204	ZQ204	Specimen Type	Plain Text	No

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
ZT204	Test Name	Alphanumeric		19145-2
ZR204	Result	Alphanumeric		19146-0
ZF204	Flag	Alphanumeric		No LOINC Needed
ZV204	Reference Value	Alphanumeric		19147-8

Result ID	Reporting Name	Type	Unit	LOINC®
ZU204	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:**

Test Performed By: Cincinnati Childrens Hospital Medical Ctr  
Molecular Genetics Lab  
3333 Burnet Ave  
Cincinnati, OH 45229