

**Reporting Title:** Misc Ocular Immunology Lab OHSU**Performing Location:** Ocular Immunology Laboratory OHSU**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
ZW214	ZT214	Test Name	Plain Text	Yes
ZW214	ZD214	Referral Lab Code	Plain Text	No
ZW214	ZQ214	Specimen Type	Plain Text	No

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
ZT214	Test Name	Alphanumeric		19145-2
ZR214	Result	Alphanumeric		19146-0
ZF214	Flag	Alphanumeric		No LOINC Needed
ZV214	Reference Value	Alphanumeric		19147-8

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Result ID	Reporting Name	Type	Unit	LOINC®
ZU214	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:**