

**Overview**
**Method Name**

Varies

**NY State Available**

No

**Specimen**
**Specimen Type**

Varies

**Specimen Required**

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

**Reject Due To**

Specimens other than	Varies
Anticoagulants other than	NA
Hemolysis	NA
Lipemia	NA
Icteric	NA

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

**Clinical and Interpretive**
**Performance**
**PDF Report**

Referral

**Day(s) and Time(s) Test Performed**

Varies

**Analytic Time**

Varies

**Maximum Laboratory Time**

Varies

**Performing Laboratory Location**

Children's Hospital of Philadelphia Molecular Genetics Laboratory Abramson Research Center 1106F

**Fees and Codes**
**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

**CPT Code Information**

Varies

**LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
ZW163	Misc CHOP	51991-8

Result ID	Test Result Name	Result LOINC Value
ZT163	Test Name	19145-2
ZR163	Result	19146-0
ZF163	Flag	No LOINC Needed
ZV163	Reference Value	19147-8
ZU163	Unit of Measure	No LOINC Needed