

**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.

**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**

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**Reference Values**

Test Performed By: Genetic Assays, Inc.

4711 Trousdale Drive

Suite 209

Nashville, TN 37220

**Performance****PDF Report**

Referral

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

Varies

**Analytic Time**

Varies

**Maximum Laboratory Time**

Varies

**Performing Laboratory Location**

Genetic Assays, Inc.

**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 |
|---------|---------------------------|-------------------|
| ZW208   | Misc Genetic Assays, Inc. | 51991-8           |

| Result ID | Test Result Name | Result LOINC Value |
|-----------|------------------|--------------------|
| ZT208     | Test Name        | 19145-2            |
| ZR208     | Result           | 19146-0            |
| ZF208     | Flag             | No LOINC Needed    |

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| Result ID | Test Result Name | Result LOINC Value |
|-----------|------------------|--------------------|
| ZV208     | Reference Value  | 19147-8            |
| ZU208     | Unit of Measure  | No LOINC Needed    |