

Overview

Method Name

Varies

NY State Available

No

Specimen

Specimen Type

Varies

Specimen Required

This is a Miscellaneous Referral Test. For specific requirements, refer to the Referred Tests List under the Test Catalog tab on www.MayoClinicLabs.com. Internal Mayo Clinic providers: refer to the Referral Catalog in CRM. If unable to find the correct test, request forms, or specimen requirements, contact Customer Service at 800-533-1710 or 507-266-5700.

The following must be provided when ordering:

- 1. Test name
- 2. Performing lab code
- 3. Specimen Type
- 4. For required forms including requisitions and patient specific information forms, ie, consent forms, clinical information, family history, contact Customer Service at 800-533-1710 or 507-266-5700.

Specimen Minimum Volume

[See Individual Test ID on the Referred Tests List](#)

Reject Due To

All specimens will be evaluated by the processing and performing laboratories for test suitability.

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Clinical & Interpretive

Performance

PDF Report

Referral

Day(s) Performed

Varies

Report Available

Varies

Performing Laboratory Location

Cincinnati Children's Hosp Med Ctr Core Laboratories

Fees & 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 account representative. For assistance, contact [Customer Service](#).

CPT Code Information

[See Individual Test ID on the Referred Tests List](#)

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
ZW239	Misc Cincinnati Child Hosp Hem/Onc	51991-8

Result ID	Test Result Name	Result LOINC® Value
ZT239	Test Name	19145-2
ZR239	Result	19146-0
ZF239	Flag	No LOINC Needed
ZV239	Reference Value	19147-8
ZU239	Unit of Measure	No LOINC Needed