

## Overview

### 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](http://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****Report Available**

Varies

**Performing Laboratory Location**

Childrens Hospital Los Angeles

**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
ZW299	Misc. Childrens Hospital LA	51991-8

Result ID	Test Result Name	Result LOINC® Value
ZT299	Test Name	19145-2
ZR299	Result	19146-0