

## 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](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

**Day(s) Performed**

Varies

**Report Available**

Varies

**Performing Laboratory Location**

The Children's Hosp of Philadelphia

**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
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