
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**Reference Values**

Performance

PDF Report

Referral

Day(s) Performed

Varies

Report Available

Varies

Performing Laboratory Location

Ocular Immunology Laboratory OHSU

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
ZW214	Misc Ocular Immunology Lab OHSU	51991-8

Result ID	Test Result Name	Result LOINC® Value
ZT214	Test Name	19145-2
ZR214	Result	19146-0
ZF214	Flag	No LOINC Needed
ZV214	Reference Value	19147-8
ZU214	Unit of Measure	No LOINC Needed