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**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 & 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

Varies

### 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