
Overview**Method Name**

[This test is for billing purposes only.](#)

This is not an orderable test.

NY State Available

Yes

Specimen**Specimen Type**

Varies

Specimen Required

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This is not an orderable test.

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Varies (preferred)		

Clinical & Interpretive**Reference Values**

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Performance**PDF Report**

No

Performing Laboratory Location

Rochester

Fees & Codes

Test Classification

Not Applicable

CPT Code Information

87181