

## **Test Definition: G161**

Glycogen Storage Disease Panel

Overview	
Method Name This test is for billing purposes only.	
This is not an orderable test.	
NY State Available Yes	
Specimen	
Specimen Required This test is for billing purposes only.	
This is not an orderable test.	
Clinical & Interpretive	
Reference Values This test is for billing purposes only.	
This is not an orderable test.	
Performance	
PDF Report No	
Performing Laboratory Location Rochester	



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## **Fees & Codes**

**Test Classification** 

Not Applicable

**CPT Code Information** 

81443