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**Reporting Title:** Cell Concentration**Performing Location:** Rochester**Specimen Requirements:**

This test is for billing purposes only.

This is not an orderable test.

Specimen Type	Temperature	Time	Special Container
Varies	Ambient (preferred)		
	Refrigerated		

**Supplemental Report:**

No

**CPT Code Information:**

88108

**Reference Values:**

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This is not an orderable test.