

**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**

This test is for billing purposes only.

This is not an orderable test.

**Specimen Stability Information**

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

**Clinical and Interpretive****Reference Values**

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This is not an orderable test.

**Performance****PDF Report**

No

**Performing Laboratory Location**

Rochester

**Fees and 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 Regional Manager. For assistance, contact [Customer Service](#).

**Test Classification**

Not Applicable

**CPT Code Information**

88319-26