

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 Minimum Volume

Isolate

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Clinical and Interpretive**Reference Values**

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

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

87186