

---

**Overview****Method Name**

This test is for billing purposes only.

This is not an orderable test.

**NY State Available**

No

**Specimen****Specimen Required**

This test is for billing purposes only.

This is not an orderable test.

**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**

U0005