

# **Test Definition: \_MG14**

Metaphases, >15 (Bill Only)

Overview	
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#### **Method Name**

This test is for billing purposes only.

This is not an orderable test.

Chromosome Analysis

## **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

## **Fees & Codes**

#### **Fees**

Authorized users can sign in to <u>Test Prices</u> for detailed fee information.



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- Clients without access to Test Prices can contact <u>Customer Service</u> 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact <u>Customer Service</u>.

## **Test Classification**

Not Applicable

# **CPT Code Information**

88267

88285