

Reporting Title: IHC Multiplex

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:

88344

Reference Values:

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