

# **Test Definition: IHM26**

IHC Multiplex, Professional Only (Bill Only)

Reporting Title: IHC Multiplex, Professional Only

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:**

88344-26

### **Reference Values:**

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This is not an orderable test.