

**Reporting Title:** Cytology Touch Prep Additional  
**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:**  
88334

**Reference Values:**  
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This is not an orderable test.