

Bone Marrow Biopsy (Bill Only)

## **Reporting Title:** Bone Marrow Biopsy **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:**

88305

## **Reference Values:**

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