

**Reporting Title:** Morph Analysis, Automated

**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:**

88361

**Reference Values:**

This test is for billing purposes only.

This is not an orderable test.