

**Reporting Title:** Morph Analysis, Manual  
**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:**  
88360

**Reference Values:**  
This test is for billing purposes only.  
This is not an orderable test.