

---

**Reporting Title:** Cyto Smears Other, 5 Addl Digitize  
**Performing Location:** Rochester

**Specimen Requirements:**  
This test is for tracking purposes only.  
This is not an orderable test.

**Supplemental Report:**  
No

**CPT Code Information:**  
0834T

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