MAYO CLINIC LABORATORIES

Test Definition: G160

Peroxisomal Disorder Panel (Bill Only)

Overview

Method Name

This test is for billing purposes only.
This is not an orderable test.

NY State Available

Yes

Specimen

Specimen Required

This test is for billing purposes only.
This is not an orderable test.

Clinical & Interpretive

Reference Values

This test is for billing purposes only.
This is not an orderable test.

Performance

PDF Report

No

Performing Laboratory Location

Rochester

Fees & Codes

Fees

- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact Customer Service.

Test Definition: G160

Peroxisomal Disorder Panel (Bill Only)

Test Classification

Not Applicable

CPT Code Information

81443