

# **Test Definition: G160**

Peroxisomal Disorder Panel (Bill Only)

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#### **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 <u>Test Prices</u> for detailed fee information.
- Clients without access to Test Prices can contact <u>Customer Service</u> 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact <u>Customer Service</u>.



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## **Test Classification**

Not Applicable

**CPT Code Information** 

81443