

**LAB22144** Freeze and Hold, Spinal Fluid

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BMC

**Specimen Type**

Spinal Fluid

**Preferred Container**

Tube specified by physician

**Alternate Container**

None

**Volume Required**

Test Dependent

**Transportation Needs**

Deliver to the laboratory as soon as possible.

Refrigerate if delay in transportation to the laboratory is anticipated.

**Causes for Rejection**

Mislabeled or unlabeled specimen

Improperly identified specimen

**Available STAT**

No

**CPT Code**

No charge associated with this test