

Reporting Title: Primidone and Phenobarbital, S
Performing Location: Rochester

Specimen Requirements:

Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions:

- 1. Serum gel tubes should be centrifuged within 2 hours of collection.
- 2. Red-top tubes should be centrifuged, and the serum aliquoted into a plastic vial within 2 hours of collection.

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-[Neurology Specialty Testing Client Test Request](#) (T732)

-[Therapeutics Test Request](#) (T831)

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	28 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
PBR	Phenobarbital, S	Numeric	mcg/mL	3948-7
PRIMD	Primidone, S	Numeric	mcg/mL	3978-4

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
PRIMD	Primidone, S	1	80188	Yes	No
PBR	Phenobarbital, S	1	80184	Yes	Yes

CPT Code Information:

PRIMD-80188

PBR-80184

Reference Values:

Primidone

Therapeutic: 5.0-12.0 mcg/mL

Critical value: > or =15.0 mcg/mL

Phenobarbital

Therapeutic: 10.0-40.0 mcg/mL

Critical value: > or =60.0 mcg/mL