

Reporting Title: Chlorpromazine (Thorazine)  
Performing Location: Medtox Laboratories, Inc.

Specimen Requirements:  
Submit only 1 of the following specimens:

**Plasma**  
Draw blood in a green-top (sodium heparin) tube(s), plasma gel tube is not acceptable. Spin down and send 1 mL sodium heparin plasma refrigerated in a plastic vial.

**Serum**  
Draw blood in a plain red-top tube(s), serum gel tube is not acceptable. Spin down and send 1 mL of serum refrigerated in a plastic vial.

| Specimen Type | Temperature              | Time     | Special Container |
|---------------|--------------------------|----------|-------------------|
| Varies        | Refrigerated (preferred) | 7 days   |                   |
|               | Frozen                   | 180 days |                   |
|               | Ambient                  | 72 hours |                   |

Result Codes:

| Result ID | Reporting Name | Type         | Unit | LOINC® |
|-----------|----------------|--------------|------|--------|
| Z3318     | Chlorpromazine | Alphanumeric |      | 3471-0 |

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

Supplemental Report:  
No

CPT Code Information:  
80342

Reference Values:  
Reference Range: 30 – 300 ng/mL