

Reporting Title: Tramadol and Metabolite, U

Performing Location: Rochester

Ordering Guidance:

**Additional Testing Requirements:**

If urine creatinine is required or adulteration of the sample is suspected, the following test should also be ordered ADULT / Adulterants Survey, Random, Urine.

**Specimen Requirements:**

**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)

**Collection Container/Tube:** Plastic urine container

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 1 mL

**Collection Instructions:**

1. Collect a random urine specimen.
2. No preservative.

**Additional Information:**

1. No specimen substitutions.
2. STAT requests are **not accepted** for this test.
3. Submitting less than 1 mL will compromise our ability to perform all necessary testing.

**Forms:**

If not ordering electronically, complete, print, and send a [Therapeutics Test Request](#) (T831) with the specimen.

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	14 days	
	Ambient	14 days	
	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
35914	Tramadol	Alphanumeric	ng/mL	20561-7
35915	O-desmethyltramadol	Alphanumeric	ng/mL	92639-4

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

**Supplemental Report:**

No

**CPT Code Information:**

80373

G0480 (if appropriate)

Reference Values:

Cutoff: 25 ng/mL