

**Reporting Title:** Hydromorphone Confirmation, U  
**Performing Location:** Rochester

**Ordering Guidance:**  
For situations where chain of custody is required, a Chain of Custody Kit (T282) is available. For chain-of-custody testing, order OPATX / Opiates Confirmation, Chain of Custody, Random, Urine.

Additional drug panels and specific requests are available; call 800-533-1710 or 507-266-5700.

**Additional Testing Requirements:**  
If urine creatinine is required or adulteration of the sample is suspected, order ADULT / Adulterants Survey, Random, Urine.

**Specimen Requirements:**  
**Supplies:** Sarstedt 5 mL Aliquot Tube (T914)  
**Collection Container/Tube:** Plastic urine container  
**Submission Container/Tube:** Plastic, 5-mL tube  
**Specimen Volume:** 3 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 <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)	28 days	
	Frozen	28 days	
	Ambient	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
62615	Hydromorphone-by LC-MS/MS	Alphanumeric	ng/mL	16998-7
36025	Hydromorphone Interpretation	Alphanumeric		69050-3

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

**Supplemental Report:**

No

CPT Code Information:

80361  
G0480 (if appropriate)

Reference Values:

Negative  
Cutoff concentration:  
25 ng/mL