

Reporting Title: Topiramate, S  
Performing Location: Rochester

Specimen Requirements:  
Collection Container/Tube: Red top (serum gel/SST are not acceptable)  
Submission Container/Tube: Plastic vial  
Specimen Volume: 1 mL  
Collection Instructions:  
1. Draw blood immediately before next scheduled dose.  
2. Centrifuge and aliquot serum into 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 Red	Refrigerated (preferred)	28 days	
	Ambient	28 days	
	Frozen	28 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
81546	Topiramate, S	Numeric	mcg/mL	17713-9

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

Supplemental Report:  
No

CPT Code Information:  
80201

Reference Values:  
Anticonvulsant: 5.0-20.0 mcg/mL