

**Reporting Title:** Ethosuximide, S  
**Performing Location:** Rochester

**Specimen Requirements:**

**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:  
[-Therapeutics Test Request](#) (T831)  
[-Neurology Specialty Testing Client Test Request](#) (T732)

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	28 days	
	Ambient	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
8769	Ethosuximide, S	Numeric	mcg/mL	3616-0

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

**Supplemental Report:**

No

**CPT Code Information:**

80168

**Reference Values:**

Therapeutic: 40-100 mcg/mL  
Critical value: >150 mcg/mL