

Reporting Title: Hydroxyzine (Vistaril)
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 3 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 3 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®
Z1151	Hydroxyzine (Vistaril)	Alphanumeric		3686-3

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

Supplemental Report:
No

CPT Code Information:
80299

Reference Values:
Reference Range: 10 - 100 ng/mL