

Overview

Method Name

Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)

NY State Available

Yes

Specimen

Specimen Type

Varies

Specimen Required

Submit only 1 of the following specimens:

Plasma:

**Specimen Type:** Plasma

**Collection Container/Tube:** Green top

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 2 mL

**Collection Instructions:** Draw blood in a green-top sodium heparin tube(s), **plasma gel tube is not acceptable**. Centrifuge and send 2 mL of plasma refrigerated in a plastic vial.

Serum:

**Specimen Type:** Serum

**Collection Container/Tube:** Red top

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 2 mL

**Collection Instructions:** Draw blood in a plain, red-top tube(s), **serum gel tube is not acceptable**. Centrifuge and send 2 mL of serum refrigerated in a plastic vial.

Specimen Minimum Volume

0.6 mL

Reject Due To

|           |                                 |
|-----------|---------------------------------|
| Hemolysis | NA                              |
| Lipemia   | NA                              |
| Icterus   | NA                              |
| Other     | Plasma gel tube, Serum gel tube |

Specimen Stability Information

| Specimen Type | Temperature              | Time     | Special Container |
|---------------|--------------------------|----------|-------------------|
| Varies        | Refrigerated (preferred) | 14 days  |                   |
|               | Frozen                   | 180 days |                   |
|               | Ambient                  | 72 hours |                   |

Clinical & Interpretive

Reference Values

Reference Range: 50.0 - 240.0 ng/mL

Performance

PDF Report

No

Day(s) Performed

Monday, Tuesday, Thursday, Friday

Report Available

5 to 13 days

Performing Laboratory Location

Medtox Laboratories, Inc.

Fees & Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

CPT Code Information

80346

G0480 (if appropriate)

LOINC® Information

| Test ID | Test Order Name    | Order LOINC® Value |
|---------|--------------------|--------------------|
| LORAZ   | Lorazepam (Ativan) | 59703-9            |

| Result ID | Test Result Name   | Result LOINC® Value |
|-----------|--------------------|---------------------|
| Z1123     | Lorazepam (Ativan) | 59703-9             |