

## Overview

### Method Name

Gas Chromatography (GC)

### NY State Available

Yes

## Specimen

### Specimen Type

Varies

### Specimen Required

**Submit only 1 of the following specimens:**

#### Serum

Draw blood in a plain, red-top tube(s). **(Serum gel tube is not acceptable.)** Spin down and freeze immediately. Send 5 mL of serum frozen in a plastic vial.

- Note:** 1. Indicate serum on request form.  
2. Label specimen appropriately (serum).

#### Plasma

Draw blood in a lavender-top tube(s) or a green-top tube(s). **(Plasma gel tube is not acceptable.)** Spin down and freeze immediately. Send 5 mL of EDTA or heparinized plasma frozen in a plastic vial.

- Note:** 1. Indicate plasma on request form.  
2. Label specimen appropriately (plasma).

### Specimen Minimum Volume

2.2 mL

### Reject Due To

Specimens other than	Serum, plasma
Anticoagulants other than	Plain red-top, EDTA, heparin
Hemolysis	NA
Lipemia	NA
Icteric	NA

### Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Frozen	21 days	

## Clinical and Interpretive

### Reference Values

Reporting limit determined each analysis

Synonym(s): Mestinon

30-125 ng/mL plasma in myasthenia gravis patients restores normal neuronal transmission.

Specimens must be kept frozen.

## Performance

### PDF Report

No

### Day(s) and Time(s) Test Performed

Monday through Sunday

### Analytic Time

7 days

### Maximum Laboratory Time

9 - 11 days

### Specimen Retention Time

2 weeks

### Performing Laboratory Location

NMS Labs

## Fees and 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 Regional Manager. For assistance, contact [Customer Service](#).

### Test Classification

This test was developed and its performance characteristics determined by NMS Labs. It has not been cleared or approved by the U.S. Food and Drug Administration.

### CPT Code Information

80299

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**LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
FPYD	Pyridostigmine	9390-6

Result ID	Test Result Name	Result LOINC Value
Z1435	Pyridostigmine	9390-6
Z1870	Reporting Limit	19147-8