MAYO CLINIC LABORATORIES

Test Definition: FCHPZ

Chlorpromazine (Thorazine)

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
Draw blood in a green-top (sodium heparin) tube(s), plasma gel tube is not acceptable. Spin down and send 1 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 1 mL of serum refrigerated in a plastic vial.

Specimen Minimum Volume
0.25 mL

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	7 days	
	Ambient	72 hours	
	Frozen	180 days	

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Clinical & Interpretive

Reference Values

Reference Range: 30 – 300 ng/mL

Performance

PDF Report

No

Day(s) Performed

Monday through Sunday

Report Available

7 to 11 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

80342

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FCHPZ	Chlorpromazine (Thorazine)	3471-0

Result ID	Test Result Name	Result LOINC® Value
Z3318	Chlorpromazine	3471-0