



# 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	

**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