MAYO CLINIC LABORATORIES

Test Definition: FVIST

Hydroxyzine (Vistaril, Atarax), Serum

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 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 Minimum Volume
0.6 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: 10 - 100 ng/mL

Performance

PDF Report
No

Day(s) Performed
Monday through Sunday

Report Available
7 to 11 days

Specimen Retention Time
2 weeks

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
80299

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FVIST	Hydroxyzine (Vistaril)	3686-3

Result ID	Test Result Name	Result LOINC® Value
Z1151	Hydroxyzine (Vistaril)	3686-3