

**Overview****Method Name**

Gas Chromatography/Nitrogen Phosphorus Detection (GC-NPD)

**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 of 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)	14 days	
	Frozen	180 days	
	Ambient	72 hours	

## Clinical & Interpretive

### Reference Values

Units: ng/mL

Therapeutic range has not been established.

Expected steady state amantadine concentrations in patients receiving recommended daily dosages:

200-1000 ng/mL

Toxicity reported at greater than 2000 ng/mL

## Performance

### PDF Report

No

### Day(s) Performed

Monday through Sunday

### Report Available

5 to 9 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
FAMAN	Amantadine (Symmetrel)	3317-5

Result ID	Test Result Name	Result LOINC® Value
Z1198	Amantadine	3317-5