
Reporting Title: Primidone and Phenobarbital, S
Performing Location: Rochester**Specimen Requirements:**

Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions:

1. Serum gel tubes should be centrifuged within 2 hours of collection.
2. Red-top tubes should be centrifuged, and the serum aliquoted into a plastic vial within 2 hours of collection.

Specimen Minimum Volume:

0.25 mL

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-Neurology Specialty Testing Client Test Request (T732)

-Therapeutics Test Request (T831)

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	28 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
PRIMD	Primidone, S	Numeric	mcg/mL	3978-4
PBR	Phenobarbital, S Also used by tests: PBR	Numeric	mcg/mL	3948-7

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
PRIMD	Primidone, S			Yes	No
PBR	Phenobarbital, S			Yes	Yes

CPT Code Information:

PRIMD-80188
PBR-80184

Reference Values:

Primidone
Therapeutic: 5.0-12.0 mcg/mL
Critical value: > or =15.0 mcg/mL

Phenobarbital
Therapeutic: 10.0-40.0 mcg/mL
Critical value: > or =60.0 mcg/mL