

Reporting Title: Ziprasidone**Performing Location:** Medtox Laboratories, Inc.**Specimen Requirements:**

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 2 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 2 mL of serum refrigerated in a plastic vial.

Specimen Minimum Volume:

0.3 mL

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z2232	Ziprasidone	Alphanumeric		33946-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

80342

Reference Values:

Units: ng/mL

Expected plasma concentrations in patients taking Recommended Daily Dosages: Up to 220 ng/mL