

**Reporting Title:** Chlorpromazine (Thorazine)**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 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

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®
Z3318	Chlorpromazine	Alphanumeric		3471-0

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

80342

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**Reference Values:**