

Reporting Title: Dextroamphetamine**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 5 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 5 mL of serum refrigerated in a plastic vial.

Specimen Minimum Volume:

2 mL

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	14 days	
	Frozen	180 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z3319	Dextroamphetamine	Alphanumeric		9814-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

80324

Reference Values: