

Reporting Title: GHB Screen, S/P**Performing Location:** Medtox Laboratories, Inc.**Specimen Requirements:**

Submit only 1 of the following specimens:

Serum

Specimen Type: Serum

Container/Tube: red-top tube(s)

Specimen Volume: 5 mL

Collection Instructions: 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.

Min Vol: 1.2 mL

Plasma

Specimen Type: Plasma

Container/Tube: green-top (sodium heparin)

Specimen Volume: 5 mL

Collection Instructions: Draw blood in a green-top (sodium heparin) tube(s), plasma gel tube is not acceptable. Spin down and send 5 mL of sodium heparin plasma refrigerated in a plastic vial.

Min Vol: 1.2 mL

Specimen Minimum Volume:

1.2 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®
Z4223	GHB	Alphanumeric		46085-7

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

80307

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
FGHA	Gamma-Hydroxybutyric Acid, CF, SP			No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
FGHA	Z4224	GHB Confirmation	Alphanumeric		81629-8
FGHA	Z4225	GHB	Alphanumeric		43194-0

Reference Values:

Reference Range: Negative

Screening threshold: 10.0 ug/mL