

**Reporting Title:** GHB Screen, UR**Performing Location:** Medtox Laboratories, Inc.**Specimen Requirements:**

Collect 10 mL random urine without preservatives. Ship refrigerated in a plastic container.

**Specimen Minimum Volume:**

1.2 mL

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	14 days	
	Frozen	180 days	
	Ambient	72 hours	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
Z4226	GHB	Alphanumeric		29868-7

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
FGHAC	Gamma-Hydroxybutyric Acid, CF, UR			No	No

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**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
FGHAC	Z4141	GHB Confirmation	Alphanumeric		43194-0
FGHAC	Z4228	GHB	Alphanumeric		43198-1

**Reference Values:**

Reference Range: Negative

Screening threshold: 5.0 ug/mL