
Reporting Title: Methotrexate Post Glucarpidase, S
Performing Location: Rochester**Shipping Instructions:**

Ship specimen in amber vial to protect from light.

Specimen Requirements:

Supplies: Amber Frosted Tube, 5 mL (T915)

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Amber vial

Specimen Volume: 1 mL

Collection Instructions: Centrifuge and aliquot serum into an amber vial.

Specimen Minimum Volume:

0.5 mL

Forms:

If not ordering electronically, complete, print, and send a Therapeutics Test Request (T831) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	LIGHT PROTECTED
	Frozen	14 days	LIGHT PROTECTED
	Ambient	7 days	LIGHT PROTECTED

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
62580	Methotrexate Post Glucarpidase, S	Numeric	mcmol/L	51602-1

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

80204

Reference Values:

Nontoxic drug concentration after 72 hours: <0.1 mcml/L