

Reporting Title: Rifampin Level**Performing Location:** National Jewish Health**Specimen Requirements:**

Container/Tube: Red Top

Preferred: Red top tube

Acceptable: Serum gel tube

Specimen Volume: 2 mL

Collection Instructions: Draw blood in a plain, red-top tube(s). Separate serum from cells immediately by centrifugation and aliquot into a polypropylene or similar plastic tube. Send 2 mL of serum frozen in plastic vial.

Note:

1. The following information is required:

A. Specimen Type (source)

B. Dose (specify PO, IV, IM)

C. Date and time of last dose (for IV start/end time)

2. If the time of last dose and the blood draw are not accurately recorded, accurate interpretation of the concentration is not possible.

Specimen Minimum Volume:

0.5 mL

Specimen Type	Temperature	Time	Special Container
Serum	Frozen	365 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
FRIFA	Z5803	Dose	Plain Text	Yes
FRIFA	Z5804	Date and time of last dose	Plain Text	Yes
FRIFA	Z5865	Specimen Type:	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z5803	Dose	Alphanumeric	mL	Not Provided
Z5804	Date and Time of Last Dose	Alphanumeric	mL	Not Provided
Z5778	Rifampin Level	Alphanumeric	mL	4021-2
Z5865	Specimen Type:	Alphanumeric	mL	Not Provided
Z5840	Comment:	Alphanumeric	mL	Not Provided

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

80299

Reference Values:

mcg/mL