

Reporting Title: Topiramate, S**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube: Red top (serum gel/SST are not acceptable)

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions:

1. Draw blood immediately before next scheduled dose.
2. Centrifuge and aliquot serum into plastic vial; within 2 hours of collection.

Specimen Minimum Volume:

0.5 mL

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-Neurology Specialty Testing Client Test Request (T732)

-Therapeutics Test Request (T831)

Specimen Type	Temperature	Time	Special Container
Serum Red	Refrigerated (preferred)	28 days	
	Ambient	28 days	
	Frozen	28 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
81546	Topiramate, S	Numeric	mcg/mL	17713-9

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

80201

Reference Values:

Anticonvulsant: 5.0-20.0 mcg/mL