

**Reporting Title:** Mycophenolic Acid, 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 the next scheduled dose (trough).
2. Centrifuge and aliquot serum into a plastic vial.

**Specimen Minimum Volume:**

0.25 mL

**Forms:**

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

-Renal Diagnostics Test Request (T830)

-Therapeutics Test Request (T831)

Specimen Type	Temperature	Time	Special Container
Serum Red	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	21 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
15226	Mycophenolic Acid	Numeric	mcg/mL	23905-3
15227	MPA Glucuronide	Numeric	mcg/mL	23906-1

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

80180

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**Reference Values:**

MYCOPHENOLIC ACID (MPA)  
1.0-3.5 mcg/mL

MPA GLUCURONIDE  
35-100 mcg/mL