

Reporting Title: Hypoglycemic Agent Screen, S**Performing Location:** Rochester**Specimen Requirements:**

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

Submission Container/Tube: Plastic vial

Specimen Volume: 3 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic 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 Red	Frozen (preferred)	28 days	
	Refrigerated	28 days	
	Ambient	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
21295	Chlorpropamide	Alphanumeric		48329-7
21298	Glimepiride	Alphanumeric		48325-5
21299	Glipizide	Alphanumeric		48326-3
21300	Glyburide	Alphanumeric		48327-1
609767	Nateglinide	Alphanumeric		49487-2
609768	Pioglitazone	Alphanumeric		100351-6
21301	Repaglinide	Alphanumeric		48328-9
609769	Rosiglitazone	Alphanumeric		100352-4
21296	Tolazamide	Alphanumeric		21566-5
21297	Tolbutamide	Alphanumeric		21567-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

80377

G0480-(if appropriate)

Reference Values:

Negative

Screening cutoff concentrations

Chlorpropamide: 100 ng/mL

Glimepiride: 20 ng/mL

Glipizide: 5 ng/mL

Glyburide: 5 ng/mL

Nateglinide: 5 ng/mL

Pioglitazone: 20 ng/mL

Repaglinide: 5 ng/mL

Rosiglitazone: 20 ng/mL

Tolazamide: 50 ng/mL

Tolbutamide: 20 ng/mL

Note: The report indicates a specific drug is positive if that drug is detected at a concentration greater than the cutoff. The test cutoff listed for each drug is lower than the concentration that will cause increased insulin and decreased glucose.