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**Reporting Title:** Methadone Confirmation, U  
**Performing Location:** Rochester**Ordering Guidance:**

1. For situations where chain of custody is required, a Chain-of-Custody Kit (T282) is available. For chain-of-custody testing, order MTDNX / Methadone Confirmation, Chain of Custody, Random, Urine.
2. Additional drug panels and specific requests are available. Call 800-533-1710 or 507-266-5700.
3. If urine creatinine is required or adulteration of the sample is suspected, order ADULT / Adulterants Survey, Random, Urine.

**Specimen Requirements:**

Supplies: Urine Tubes, 10 mL (T068)  
Container/Tube: Plastic, 10-mL urine tube  
Specimen Volume: 10 mL  
Collection Instructions:  
1. Collect a random urine specimen.  
2. No preservative.

**Specimen Minimum Volume:**  
2.5 mL**Forms:**

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

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
56028	EDDP-by GC-MS	Alphanumeric	ng/mL	58428-4
83129	Methadone-by GC-MS	Alphanumeric	ng/mL	16246-1
21107	Methadone Interpretation	Alphanumeric		69050-3

Result ID	Reporting Name	Type	Unit	LOINC®
21110	Chain of Custody	Alphanumeric		77202-0

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

80358

G0480 (if appropriate)

**Reference Values:**

Negative

Cutoff concentrations:

METHADONE BY GC-MS

<100 ng/mL

2-ETHYLIDENE-1,5-DIMETHYL-3,3-DIPHENYLPYRROLIDINE GC-MS

<100 ng/mL