

**Test Definition: ZONI** 

Zonisamide, Serum

**Reporting Title:** Zonisamide, S **Performing Location:** Rochester

# **Specimen Requirements:**

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

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions: 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	Туре	Unit	LOINC®
83685	Zonisamide, S	Numeric	mcg/mL	29620-2

LOINC and CPT codes are provided by the performing laboratory.

## **Supplemental Report:**

No

## **CPT Code Information:**

80203



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## **Reference Values:**

10-40 mcg/mL