

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

Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions:

1. Serum gel tubes should be centrifuged within 2 hours of collection.
2. Red-top tubes should be centrifuged and the serum aliquoted into a plastic vial within 2 hours of collection.

Specimen Minimum Volume:

0.25 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	Refrigerated (preferred)	14 days	
	Frozen	28 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
8661	Theophylline, S	Numeric	mcg/mL	4049-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

80198

Reference Values:

Therapeutic:

Bronchodilation: 8.0-20.0 mcg/mL

Neonatal apnea (< or =4 weeks old): 6.0-13.0 mcg/mL

Critical value: >20.0 mcg/mL