

Reporting Title: Ephedrine**Performing Location:** Medtox Laboratories, Inc.**Specimen Requirements:**

Submit only 1 of the following specimens:

Plasma

Draw blood in a green-top sodium heparin tube(s), plasma gel tube is not acceptable. Spin down and send 3 mL sodium heparin plasma refrigerated in a plastic vial.

If specimen is not light protected foil wrap specimen to protect from light.

Serum

Draw blood in a plain, red-top tube(s), serum gel tube is not acceptable. Spin down and send 3 mL of serum refrigerated in a plastic vial.

If specimen is not light protected foil wrap specimen to protect from light.

Specimen Minimum Volume:

0.6 mL

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	14 days	LIGHT PROTECTED
	Frozen	180 days	LIGHT PROTECTED
	Ambient	72 hours	LIGHT PROTECTED

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z1142	Ephedrine	Alphanumeric		3591-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

80324

G0480 (if appropriate)

Reference Values:

Reference Range: 35 - 80 ng/mL