

Reporting Title: Perphenazine (Trilafon)**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 amber vial (T915) 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 amber vial (T915) to protect from light.

Specimen Minimum Volume:

0.3 mL

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	7 days	LIGHT PROTECTED
	Frozen	180 days	LIGHT PROTECTED
	Ambient	72 hours	LIGHT PROTECTED

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z1052	Perphenazine	Alphanumeric		3927-1

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

80342

Reference Values:

Reference Range: 5.0 - 30.0 ng/mL

Low-dose therapeutic range for Perphenazine: 0.5 - 2.5 ng/mL