

Overview**Method Name**

Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)

NY State Available

Yes

Specimen**Specimen Type**

Varies

Specimen Required

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 1 mL sodium heparin plasma refrigerated in a plastic vial.

Serum

Draw blood in a plain red-top tube(s), serum gel tube is not acceptable. Spin down and send 1 mL of serum refrigerated in a plastic vial.

Reject Due To

Hemolysis NA

Lipemia NA

Icterus NA

Other NA

Specimen Minimum Volume

0.25 mL

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|----------|-------------------|
| Varies | Refrigerated (preferred) | 7 days | |
| | Frozen | 180 days | |
| | Ambient | | |

Clinical & Interpretive**Reference Values**

Reference Range: 30 – 300 ng/mL

Performance**PDF Report**

No

Performing Laboratory Location

Medtox Laboratories, Inc.

Fees & Codes**Test Classification****CPT Code Information**

80342

LOINC® Information

| Test ID | Test Order Name | Order LOINC Value |
|---------|----------------------------|-------------------|
| FCHPZ | Chlorpromazine (Thorazine) | 3471-0 |

| Result ID | Test Result Name | Result LOINC Value |
|-----------|------------------|--------------------|
| Z3318 | Chlorpromazine | 3471-0 |