
Overview**Method Name**

Gas Chromatography/Mass Spectrometry (GC/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 5 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 5 mL of serum refrigerated in a plastic vial.

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

Specimen Minimum Volume

2 mL

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	14 days	
	Frozen	180 days	

Clinical & Interpretive

Reference Values

Reference Range: 10 – 100 ng/mL

Performance

PDF Report

No

Performing Laboratory Location

Medtox Laboratories, Inc.

Fees & Codes

Test Classification

CPT Code Information

80324

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FDXAP	Dextroamphetamine	9814-5

Result ID	Reporting Name	LOINC®
Z3319	Dextroamphetamine	9814-5