

Overview**Method Name**

Screen: Immunoassay (IA); Gas Chromatography/Mass Spectrometry (GC/MS)

Confirmation: Various

NY State Available

Yes

Specimen**Specimen Type**

Tissue

Specimen Required

50 grams of tissue in sterile container, frozen immediately.

Specimen Minimum Volume

2 grams

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	Tissue in formalin

Specimen Stability Information

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

Clinical & Interpretive**Reference Values**

Testing is complete. Report has been attached in Mayo Access.

Performance**PDF Report**

No

Day(s) Performed

Varies

Report Available

2 to 3 weeks

Performing Laboratory Location

Medtox Laboratories, Inc.

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

CPT Code Information

80307

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FXTDS	Tissue Drug Screen	20786-0

Result ID	Test Result Name	Result LOINC® Value
FXTDS	Tissue Drug Screen	20786-0