

Overview

Testing Algorithm

If the Sedative Hypnotic Screen is positive, confirmation(s) will be added:

Alcohol, Ethyl: If positive, then the Ethyl Alcohol Confirmation (FMETA) will be performed at no additional charge.

Barbiturates: If positive, then the Barbiturate Confirmation (FBARB) will be performed at no additional charge.

Flunitrazepam: If positive, then the Flunitrazepam Confirmation (FFTZU) will be performed at no additional charge.

Benzodiazepines: If positive, then the Benzodiazepine Confirmation (FBENU) will be performed at no additional charge.

Ketamine: If non-negative, then the Ketamine Confirmation (FKMCU) will be performed at an additional charge.

GHB: If non-negative, then the Gamma-Hydroxybutyric Acid Confirmation (FGHAC) will be performed at an additional charge.

Reflex Tests

| Test Id | Reporting Name | Available Separately | Always Performed |
|---------|---------------------------------|----------------------|------------------|
| FMETA | Ethyl Alcohol Confirmation, UR | No | No |
| FBARB | Barbiturate Confirmation, UR | No | No |
| FFTZU | Flunitrazepam (Rohypnol), Urine | No | No |
| FBENU | Benzodiazepine Confirmation, UR | No | No |
| FGHAC | Gamma-Hydroxybutyric | No | No |

| | | | |
|-------|---------------------------|----|----|
| | Acid, CF, UR | | |
| FKMCU | Ketamine Confirmation, UR | No | No |

Method Name

Immunoassay (IA)

Gas Chromatography/Flame Ionization Detection (GC-FID) (if appropriate)

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

Gas Chromatography/Mass Spectrometry (GC/MS) (if appropriate)

NY State Available

Yes

Specimen

Specimen Type

Urine

Specimen Required

Collect 10 mL random urine without preservatives. Ship refrigerated in a plastic container.

Reject Due To

- Hemolysis NA
- Lipemia NA
- Icterus NA
- Other NA

Specimen Minimum Volume

5 mL

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|----------|-------------------|
| Urine | Refrigerated (preferred) | 14 days | |
| | Frozen | 365 days | |
| | Ambient | | |

Clinical & Interpretive

Reference Values

The following threshold concentrations are used for this analysis.

| Drug | Screening Threshold | Confirmation Threshold |
|-----------------|---------------------|------------------------|
| Ethyl Alcohol | 0.020 gm/dL | 0.020 gm/dL |
| Barbiturates | 300 ng/mL | 100 ng/mL |
| Benzodiazepines | 100 ng/mL | 75 ng/mL |
| Flunitrazepam | 100 ng/mL | 300 ng/mL |

Ketamine: Negative

Screening threshold: 100 ng/mL

Gamma-Hydroxybutyric Acid (GHB): Negative

Screening threshold: 5.0 ug/mL

Performance**PDF Report**

No

Performing Laboratory Location

Medtox Laboratories, Inc.

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

80307

LOINC® Information

| Test ID | Test Order Name | Order LOINC Value |
|---------|-----------------------------|-------------------|
| FSHPU | Sedative Hypnotic Panel, UR | Not Provided |

| Result ID | Reporting Name | LOINC® |
|-----------|---------------------|---------|
| Z4229 | Alcohol, Ethyl | 5645-7 |
| Z4230 | Barbiturates | 9426-8 |
| Z4231 | Flunitrazepam | 3641-8 |
| Z4232 | Benzodiazepines | 9428-4 |
| Z4233 | Ketamine Screen, UR | 19501-6 |
| Z4142 | GHB | 29868-7 |