
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:****Specimen Type:** Plasma**Container/Tube:** Green Top**Specimen Volume:** 2 mL**Collection Instructions:** Draw blood in a green-top sodium heparin tube(s), **plasma gel tube is not acceptable**. Spin down and send 2 mL of plasma refrigerated in a plastic vial.**Serum:****Specimen Type:** Serum**Container/Tube:** Red**Specimen Volume:** 2 mL**Collection Instructions:** Draw blood in a plain, red-top tube(s), **serum gel tube is not acceptable**. Spin down and send 2 mL of serum refrigerated in a plastic vial.

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	Plasma gel tube, Serum gel tube

Specimen Minimum Volume

0.6 mL

Specimen Stability Information

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

Clinical & Interpretive**Reference Values**

Reference Range: 50.0 - 240.0 ng/mL

Performance**PDF Report**

No

Performing Laboratory Location

Medtox Laboratories, Inc.

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

80346

G0480 (if appropriate)

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
LORAZ	Lorazepam (Ativan)	59703-9

Result ID	Reporting Name	LOINC®
Z1123	Lorazepam (Ativan)	59703-9