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**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 3 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 3 mL of serum refrigerated in a plastic vial.

**Reject Due To**

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

**Specimen Minimum Volume**

0.6 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: 10 - 100 ng/mL

**Performance****PDF Report**

No

**Specimen Retention Time**

2 weeks

**Performing Laboratory Location**

Medtox Laboratories, Inc.

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

80299

**LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
FVIST	Hydroxyzine (Vistaril)	3686-3

Result ID	Reporting Name	LOINC®
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Z1151	Hydroxyzine (Vistaril)	3686-3
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