

Overview

Method Name

Gas Chromatography (GC)

NY State Available

Yes

Specimen

Specimen Type

Varies

Specimen Required

Submit only 1 of the following specimens:

Serum

Draw blood in a plain, red-top tube(s). (**Serum gel tube is not acceptable.**) Spin down and freeze immediately. Send 5 mL of serum frozen in a plastic vial.

- Note:** 1. Indicate serum on request form.
2. Label specimen appropriately (serum).

Plasma

Draw blood in a lavender-top tube(s) or a green-top tube(s). (**Plasma gel tube is not acceptable.**) Spin down and freeze immediately. Send 5 mL of EDTA or heparinized plasma frozen in a plastic vial.

- Note:** 1. Indicate plasma on request form.
2. Label specimen appropriately (plasma).

Reject Due To

Specimens other than	Serum, plasma
Anticoagulants other than	Plain red-top, EDTA, heparin
Hemolysis	NA
Lipemia	NA
Icteric	NA

Specimen Minimum Volume

2.2 mL

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Frozen (preferred)	21 days	

Clinical & Interpretive

Reference Values

Reporting limit determined each analysis

Synonym(s): Mestinon

30-125 ng/mL plasma in myasthenia gravis patients restores normal neuronal transmission.

Specimens must be kept frozen.

Performance**PDF Report**

No

Specimen Retention Time

2 weeks

Performing Laboratory Location

NMS Labs

Fees & Codes**Test Classification**

This test was developed and its performance characteristics determined by NMS Labs. It has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information

80299