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**Reporting Title:** Hydromorphone Confirmation, U**Performing Location** Rochester**Ordering Guidance:**

For situations where chain of custody is required, a Chain of Custody Kit (T282) is available. For chain-of-custody testing, order OPATX / Opiates Confirmation, Chain of Custody, Random, Urine.

Additional drug panels and specific requests are available; call 800-533-1710 or 507-266-5700.

**Additional Testing Requirements:**

If **urine creatinine is required** or adulteration of the sample is suspected, order ADULT / Adulterants Survey, Random, Urine.

**Specimen Requirements:****Supplies:** Aliquot Tube, 5 mL (T465)**Collection Container/Tube:** Plastic urine container**Submission Container/Tube:** Plastic, 5-mL tube**Specimen Volume:** 3 mL**Collection Instructions:**

1. Collect a random urine specimen.
2. No preservative.

**Additional Information:**

1. No specimen substitutions.
2. STAT requests are **not** accepted for this test.
3. Submitting <1 mL will compromise our ability to perform all necessary testing.

**Forms:**

If not ordering electronically, complete, print, and send a [Therapeutics Test Request](#) (T831) with the specimen.

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
62615	Hydromorphone-by LC-MS/MS	Alphanumeric	ng/mL	16998-7
36025	Hydromorphone Interpretation	Alphanumeric		18473-9

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

80361

G0480 (if appropriate)

**Reference Values:**

Negative

Cutoff concentration:

25 ng/mL