

**Reporting Title:** Haloperidol, S**Performing Location** Rochester**Specimen Requirements:****Collection Container/Tube:** Red top (serum gel/SST are **not** acceptable)**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1 mL**Collection Instructions:**

1. Draw blood immediately before next scheduled dose.
2. Centrifuge and aliquot serum into plastic vial within 2 hours of collection.

**Forms:**

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

Specimen Type	Temperature	Time	Special Container
Serum Red	Refrigerated (preferred)	28 days	
	Ambient	28 days	
	Frozen	28 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
80339	Haloperidol, S	Numeric	ng/mL	3669-9
169	Reduced Haloperidol	Numeric	ng/mL	38364-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

80173

**Reference Values:**

HALOPERIDOL:

5-16 ng/mL

REDUCED HALOPERIDOL:

10-80 ng/mL