

Overview**Method Name**

Immunoassay (IA)

NY State Available

Yes

Specimen**Specimen Type**

Urine

Specimen Required

Collect 10 mL random urine without preservatives. Ship refrigerated in a plastic container.

Specimen Minimum Volume

0.25 mL

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	14 days	
	Frozen	365 days	
	Ambient	72 hours	

Clinical and Interpretive**Reference Values**

Units: ug/mL

Note: Analysis performed on urine.

Reference ranges have not been established for urine specimens.

Performance

PDF Report

No

Day(s) and Time(s) Test Performed

Monday through Sunday

Analytic Time

1 day

Maximum Laboratory Time

3 - 5 days

Performing Laboratory Location

Medtox Laboratories, Inc.

Fees and Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

CPT Code Information

80307

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FACET	Acetaminophen, Urine	13622-6

Result ID	Test Result Name	Result LOINC Value
FACET	Acetaminophen, Urine	13622-6