

Overview**Method Name**

Gas Chromatography/Mass Spectrometry (GC/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 5 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 5 mL of serum refrigerated in a plastic vial.

Specimen Minimum Volume

2 mL

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	14 days	
	Frozen	180 days	

Clinical and Interpretive**Reference Values**

Reference Range: 10 - 100 ng/mL

Performance**PDF Report**

No

Day(s) and Time(s) Test Performed

Monday through Sunday

Analytic Time

5 days

Maximum Laboratory Time

7 - 9 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

80324

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FDXAP	Dextroamphetamine	9814-5

Result ID	Test Result Name	Result LOINC Value
Z3319	Dextroamphetamine	9814-5