

**Overview****Method Name**

Screen: Immunoassay (IA); Gas Chromatography/Mass Spectrometry (GC/MS)

Confirmation: Various

**NY State Available**

Yes

**Specimen****Specimen Type**

Tissue

**Specimen Required**

50 grams of tissue in sterile container, frozen immediately.

**Specimen Minimum Volume**

2 grams

**Reject Due To**

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	Tissue in formalin

**Specimen Stability Information**

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

**Clinical and Interpretive****Reference Values**

Testing is complete. Report has been attached in Mayo Access.

**Performance****PDF Report**

No

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**Day(s) and Time(s) Test Performed**

Varies

**Analytic Time**

2 weeks

**Maximum Laboratory Time**

3 weeks

**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
FXTDS	Tissue Drug Screen	20786-0

Result ID	Test Result Name	Result LOINC Value
FXTDS	Tissue Drug Screen	20786-0