

Overview
Reflex Tests

Test ID	Reporting Name	Available Separately	Always Performed
FMETA	Ethyl Alcohol Confirmation, UR	No	No
FBARB	Barbiturate Confirmation, UR	No	No
FFTZU	Flunitrazepam (Rohypnol), Urine	No	No
FBENU	Benzodiazepine Confirmation, UR	No	No
FGHAC	Gamma-Hydroxybutyric Acid, CF, UR	No	No
FKMCU	Ketamine Confirmation, UR	No	No

Testing Algorithm

If the Sedative Hypnotic Screen is positive, confirmation(s) will be added:

Alcohol, Ethyl: If positive, then the Ethyl Alcohol Confirmation (FMETA) will be performed at no additional charge.

Barbiturates: If positive, then the Barbiturate Confirmation (FBARB) will be performed at no additional charge.

Flunitrazepam: If positive, then the Flunitrazepam Confirmation (FFTZU) will be performed at no additional charge.

Benzodiazepines: If positive, then the Benzodiazepine Confirmation (FBENU) will be performed at no additional charge.

Ketamine: If non-negative, then the Ketamine Confirmation (FKMCU) will be performed at an additional charge.

GHB: If non-negative, then the Gamma-Hydroxybutyric Acid Confirmation (FGHAC) will be performed at an additional charge.

Method Name

Immunoassay (IA)

Gas Chromatography/Flame Ionization Detection (GC-FID) (if appropriate)

Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS) (if appropriate)

Gas Chromatography/Mass Spectrometry (GC/MS) (if appropriate)

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

5 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**

The following threshold concentrations are used for this analysis.

Drug Screening Threshold Confirmation Threshold

Ethyl Alcohol 0.020 gm/dL 0.020 gm/dL

Barbiturates 300 ng/mL 100 ng/mL

Benzodiazepines 100 ng/mL 75 ng/mL

Flunitrazepam 100 ng/mL 300 ng/mL

Ketamine: Negative

Screening threshold: 100 ng/mL

Gamma-Hydroxybutyric Acid (GHB): Negative

Screening threshold: 5.0 ug/mL

Performance**PDF Report**

No

Day(s) Performed

Monday through Sunday

Report Available

7 to 10 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
FSHPU	Sedative Hypnotic Panel, UR	Not Provided

Result ID	Test Result Name	Result LOINC Value
Z4229	Alcohol, Ethyl	5645-7
Z4230	Barbiturates	9426-8
Z4231	Flunitrazepam	3641-8
Z4232	Benzodiazepines	9428-4
Z4233	Ketamine Screen, UR	19501-6
Z4142	GHB	29868-7