

Overview**Method Name**

Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/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 3 mL sodium heparin plasma refrigerated in amber vial (T192) to protect from light.

Serum

Draw blood in a plain, red-top tube(s). Serum gel tube is not acceptable. Spin down and send 3 mL of serum refrigerated in amber vial (T192) to protect from light.

Specimen Minimum Volume

0.3 mL

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	7 days	LIGHT PROTECTED
	Frozen	180 days	LIGHT PROTECTED
	Ambient	72 hours	LIGHT PROTECTED

Clinical and Interpretive

Reference Values

Reference Range: 5.0 - 30.0 ng/mL

Low-dose therapeutic range for Perphenazine: 0.5 - 2.5 ng/mL

Performance**PDF Report**

No

Day(s) and Time(s) Test Performed

Monday through Friday

Analytic Time

5 days

Maximum Laboratory Time

7 - 9 days

Specimen Retention Time

2 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

80342

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
PNZN	Perphenazine (Trilafon)	3927-1

Result ID	Test Result Name	Result LOINC Value
Z1052	Perphenazine	3927-1