



Test Definition: FCHPZ

Chlorpromazine (Thorazine)

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 1 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 1 mL of serum refrigerated in a plastic vial.

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 |
|---------------|--------------------------|----------|-------------------|
| Varies | Refrigerated (preferred) | 7 days | |
| | Ambient | 72 hours | |
| | Frozen | 180 days | |

Clinical & Interpretive**Reference Values**

Reference Range: 30 – 300 ng/mL

Performance**PDF Report**

No

Day(s) Performed

Monday through Sunday

Report Available

7 to 11 days

Performing Laboratory Location

Medtox Laboratories, Inc.

Fees & 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 account representative. For assistance, contact [Customer Service](#).

CPT Code Information

80342

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|----------------------------|--------------------|
| FCHPZ | Chlorpromazine (Thorazine) | 3471-0 |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|------------------|---------------------|
| Z3318 | Chlorpromazine | 3471-0 |