

# **Test Definition: FVIST**

Hydroxyzine (Vistaril, Atarax), Serum

# **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 a plastic vial.

### 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 a plastic vial.

# **Specimen Minimum Volume**

0.6 mL

## **Reject Due To**

Hemolysis	NA NA
Lipemia	NA NA
Icterus	NA NA
Other	NA

# **Specimen Stability Information**

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



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# **Clinical & Interpretive**

### **Reference Values**

Reference Range: 10 - 100 ng/mL

### **Performance**

## **PDF Report**

No

### Day(s) Performed

Monday through Sunday

### **Report Available**

7 to 11 days

### **Specimen Retention Time**

2 weeks

## **Performing Laboratory Location**

Medtox Laboratories, Inc.

# **Fees & Codes**

### **Fees**

- Authorized users can sign in to <u>Test Prices</u> for detailed fee information.
- Clients without access to Test Prices can contact <u>Customer Service</u> 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact <u>Customer Service</u>.

#### **CPT Code Information**

80299

## **LOINC®** Information

Test ID	Test Order Name	Order LOINC® Value
FVIST	Hydroxyzine (Vistaril)	3686-3

Result ID	Test Result Name	Result LOINC® Value
Z1151	Hydroxyzine (Vistaril)	3686-3