

## **Test Definition: FAMAN**

Amantadine (Symmetrel)

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## **Method Name**

Gas Chromatography/Nitrogen Phosphorus Detection (GC-NPD)

#### **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 of 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
Icterus	NA
Other	NA

## **Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	14 days	
	Ambient	72 hours	
	Frozen	180 days	



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## **Clinical & Interpretive**

#### **Reference Values**

Units: ng/mL

Therapeutic range has not been established.

Expected steady state amantadine concentrations in patients receiving recommended daily dosages: 200-1000 ng/mL

Toxicity reported at greater than 2000 ng/mL

#### **Performance**

## **PDF Report**

No

## Day(s) Performed

Monday through Sunday

## **Report Available**

5 to 9 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



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Test ID	Test Order Name	Order LOINC® Value
FAMAN	Amantadine (Symmetrel)	3317-5

Result ID	Test Result Name	Result LOINC® Value
Z1198	Amantadine	3317-5