

# **Test Definition: PNZN**

Perphenazine, Serum or Plasma

#### 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:

Specimen Type: Plasma

Supplies: Amber Frosted Tube, 5 mL (T915)

Collection Container/Tube: Green-top (sodium heparin) (Plasma gel/PST are not acceptable)

Submission Container/Tube: Amber plastic vial

**Specimen Volume**: 3 mL **Collection Instructions**:

- 1. Draw blood in a green-top (sodium heparin) tube.
- 2. Centrifuge and aliquot 3 mL plasma into an amber vial to protect from light and refrigerate immediately.
- 3. Ship refrigerated.

Specimen Type: Serum

Supplies: Amber Frosted Tube, 5 mL (T915)

**Collection Container/Tube**: Red top (Serum gel/SST are **no**t acceptable)

Submission Container/Tube: Amber Plastic vial

**Specimen Volume**: 3 mL **Collection Instructions**:

- 1. Draw blood in a plain red-top tube.
- 2. Centrifuge and aliquot 3 mL of serum into an amber vial to protect from light and refrigerate immediately.
- 3. Ship refrigerated.

#### **Specimen Minimum Volume**

0.5 mL

# **Reject Due To**



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# **Specimen Stability Information**

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

# **Clinical & 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) Performed

Monday through Friday

#### **Report Available**

7 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**



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80299

# **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