

**TEST STATUS****MML NEW ENGLAND****NOTIFICATION DATE:** June 10, 2016**EFFECTIVE DATE:** August 15, 2016

**DRUG OF ABUSE, AMPHETAMINE SCREEN WITH GC-MS  
CONFIRMATION, URINE  
Test ID: DAAMP**

**EXPLANATION:** This test will be obsoleted effective August 15th.

**RECOMMENDED ALTERNATIVE TEST:**

**AMPHETAMINES CONFIRMATION, URINE  
Test ID: AMPHU**

**METHODOLOGY:** Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)

**REFERENCE VALUES:**

Negative

Cutoff concentrations:

AMPHETAMINE BY LC-MS/MS

<25 ng/mL

METHAMPHETAMINE BY LC-MS/MS

<25 ng/mL

PHENTERMINE BY LC-MS/MS

<25 ng/mL

METHYLENEDIOXYAMPHETAMINE BY LC-MS/MS

<25 ng/mL

METHYLENEDIOXYMETHAMPHETAMINE BY LC-MS/MS

<25 ng/mL

PSEUDOEPHEDRINE/EPHEDRINE BY LC-MS/MS

<25 ng/mL reported as negative

**SPECIMEN REQUIREMENTS:**

**Container/Tube:** Plastic, 60-mL urine bottle

**Specimen Volume:** 20 mL

**Minimum Volume:** 2.5 mL

**Collection Instructions:**

1. Collect a random urine specimen.
2. No preservative.

**Additional Information:**

1. No specimen substitutions.
2. No STATS are accepted for this procedure.
3. For situations where chain of custody is required, a Chain-of-Custody Kit (T282) is available. For chain-of-custody testing, order AMPHX / Amphetamines Confirmation, Chain of Custody, Urine.

4. Additional drug panels and specific requests are available. Call Mayo Medical Laboratories at 800-533-1710 or 507-266-5700.
5. If urine creatinine is required or adulteration of the sample is suspected, the following test should be requested, ADULT / Adulterants Survey, Urine. For additional information, please refer to ADULT / Adulterants Survey, Urine.
6. Submitting <20 mL will compromise our ability to perform all necessary testing.

**Forms:** Chain-of-Custody Request Form is included in the Chain-of-Custody Kit (T282). A copy of this form is also available at <http://www.mayomedicallaboratories.com/it-mmfiles/chain-of-custody-request-form.pdf>.

**SPECIMEN STABILITY INFORMATION:**

Specimen Type	Temperature	Time
Urine	Refrigerate (preferred)	28 days
	Ambient	28 days
	Frozen	28 days

**CPT CODE:** 80324

80359

G0480 (if appropriate)

**DAY(S) SET UP:** Monday through Thursday, Sunday

**ANALYTIC TIME:** 2 days

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or  
Kristin Hickey, MML Laboratory Technologist Resource Coordinator  
Telephone: 800-533-1710