April 20, 2009

Dear Valued Client:

In our continuing effort to provide you with the highest quality toxicology laboratory services available, we have compiled the enclosed packet of important changes regarding a number of tests we perform. Listed below are the types of changes included in this packet.

Type of Change	Explanation
New Tests	Tests recently added to the NMS Labs test menu
Test Changes	Tests that have had changes to their method/CPT code, units of measurement, scope of analysis or specimen requirements
Discontinued Tests	Tests being discontinued with alternate testing suggestions
Reference Comments	Tests that have had reference comment changes

Please be advised all changes listed in this packet will go into effect on **August 3, 2009**. Please use this packet of information to update your computer systems/records. These changes are important to ensure standardization of our mutual laboratory databases.

If you have any questions about the information contained in this packet, please call our Client Support Department at (866) 522-2206. Thank you for your continued support of NMS Labs and your assistance in implementing these changes.

Sincerely,

NMS Labs

Database Changes - Summary

Test Code	Test Name	New Test	Method/ CPT code	Units	Scope	Specimen Reqs	Discontinued	Reference Comment	Misc.
0166B	Acyclovir, Blood	•							
0405B	Anticonvulsants Panel, Blood					•			
0405SP	Anticonvulsants Panel, Serum/Plasma					•			
0405U	Anticonvulsants Panel, Urine					•			
0050B	Acetazolamide, Blood					•			
1808B	Donnatal, Blood						•		
1808SP	Donnatal, Serum/Plasma						•		
1808U	Donnatal, Urine						•		
2900B	Methocarbamol, Blood					•			
2900FL	Methocarbamol, Fluid					•			
2900SP	Methocarbamol, Serum/Plasma					•			
2900U	Methocarbamol, Urine					•			
2110B	Fluphenazine, Blood							•	
2110SP	Fluphenazine, Serum/Plasma							•	
2162B	Ganciclovir, Blood	•							
2527B	Lacosamide, Blood	•							
2527SP	Lacosamide, Serum/Plasma	•							
2527U	Lacosamide, Urine	•							
3382B	Penciclovir, Blood	•							
3656B	Phenothiazines Panel, Blood							•	
3656SP	Phenothiazines Panel, Serum/Plasma							•	
4105B	Risperidone and Metabolite, Blood				•				
4105FL	Risperidone and Metabolite, Fluid				•				
4105SP	Risperidone and Metabolite, Serum/Plasma				•				
4105TI	Risperidone and Metabolite, Tissue				•				
4105U	Risperidone and Metabolite, Urine				•				
4395B	Ticlopidine, Blood					•			
4395SP	Ticlopidine, Serum/Plasma					•			
4766SP	Valacyclovir as Metabolite, Serum/Plasma								•
5525SP	Fluphenazine Confirmation, Serum/Plasma							•	
5545SP	Phenothiazines Confirmation, Serum/Plasma							•	
8265B	Codeine and Metabolite - Free (Unconjugated), Blood (Forensic)								•
8265TI	Codeine and Metabolite - Total (Conjugated/Unconjugated), Tissue (Forensic)								•
8265U	Codeine and Metabolite - Total (Conjugated/Unconjugated), Urine (Forensic)								•
8680B	Phenothiazines Panel, Blood							•	
8680SP	Phenothiazines Panel, Serum/Plasma							•	
8682B	Fluphenazine, Blood							•	
8682SP	Fluphenazine, Serum/Plasma							•	
9200U	Mepivacaine Screen, Urine			•		•			
9420SP	Phenothiazines Screen, Serum/Plasma							•	

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NEW TESTS

Test Code	Test Name	Reporting Limit	Units	Method / CPT Code
0166B	**Acyclovir, Blood**			
	Scope of Analysis: Acyclovir	0.2	mcg/mL	LC-MS/MS (83789)
	Reference Comment: Usual therapeutic range (vs. Genital Herpes) during Chronic oral daily divided dosages of 1200 to 2400 mg: Peak: 0.40 - 2.0 mcg/mL plasma Trough: 0.14 - 1.2 mcg/mL plasma. The ratio of whole blood concentration to serum or plasma concentration is unknown for this analyte.			
	Specimen Requirements: Specimen Requirements: 1 mL Blood Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: None			
	Stability: Room Temperature: 30 day(s) Refrigerated: 30 day(s) Frozen (-20 °C): 30 day(s)			
2162B	**Ganciclovir, Blood**			
	Scope of Analysis: Ganciclovir	0.2	mcg/mL	LC-MS/MS (83789)
	Reference Comment: Plasma concentrations after 1-hour I.V. infusion of 5 mg/kg were 9.46 +/- 2.02 mcg/mL at 1 hour post-dose and 0.56 +/- 0.66 mcg/mL at 11 hours post-dose. Peak plasma concentrations following chronic oral administration of 1000 mg three times daily ranged from 0.95 - 1.40 mcg/mL. The ratio of whole blood concentration to serum or plasma concentration is unknown for this analyte.			
	Specimen Requirements: Specimen Requirements: 1 mL Blood Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: None			
	Stability: Room Temperature: 30 day(s) Refrigerated: 30 day(s) Frozen (-20 °C): 30 day(s)			

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NEW TESTS

Test Code	Test Name	Reporting Limit	Units	Method / CPT Code
2527B	**Lacosamide, Blood**			
	Scope of Analysis: Lacosamide	0.5	mcg/mL	LC-MS/MS (83789)
	Reference Comment: Following a single 200 mg doses administered as a 30-minute infusion, a 60-minute infusion, or orally as a tablet to 24 male subjects, mean maximum plasma lacosamide concentrations were 5.95 +/- 1.49, 5.38 +/- 1.10 and 12.46 +/- 5.60 mcg/mL, respectively. Mean plasma concentrations following maintenance doses: 200 mg/day: 4.99 +/- 2.51 mcg/mL; 400 mg/day: 9.35 +/- 4.22 mcg/mL; 600 mg/day: 12.46 +/- 5.60 mcg/mL. The ratio of whole blood concentration to serum or plasma concentration is unknown for this analyte.			
	Specimen Requirements: Specimen Requirements: 1 mL Blood Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: Received Room Temperature.			
	Stability: Room Temperature: 3 day(s) Refrigerated: 15 day(s) Frozen (-20 °C): 15 day(s)			
2527SP	**Lacosamide, Serum/Plasma**			
	Scope of Analysis: Lacosamide	0.5	mcg/mL	LC-MS/MS (83789)
	Reference Comment: Following a single 200 mg doses administered as a 30-minute infusion, a 60-minute infusion, or orally as a tablet to 24 male subjects, mean maximum plasma lacosamide concentrations were 5.95 +/- 1.49, 5.38 +/- 1.10 and 12.46 +/- 5.60 mcg/mL, respectively. Mean plasma concentrations following maintenance doses: 200 mg/day: 4.99 +/- 2.51 mcg/mL; 400 mg/day: 9.35 +/- 4.22 mcg/mL; 600 mg/day: 12.46 +/- 5.60 mcg/mL.			
	Specimen Requirements: Specimen Requirements: 1 mL Serum or Plasma Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines. Rejection Criteria: Polymer gel separation tube (SST or PST).			
	Stability: Room Temperature: 15 day(s) Refrigerated: 15 day(s) Frozen (-20 °C): 15 day(s)			

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Test Code	Test Name	Reporting Limit	Units	Method / CPT Code
2527U	**Lacosamide, Urine**			
	Scope of Analysis: Lacosamide	0.5	mcg/mL	LC-MS/MS (83789)
	Reference Comment: No reference data available.			
	Specimen Requirements: Specimen Requirements: 1 mL Urine Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: None			
	Stability: Room Temperature: 15 day(s) Refrigerated: 15 day(s) Frozen (-20 °C): 15 day(s)			
3382B	**Penciclovir, Blood**			
	Scope of Analysis: Penciclovir	0.2	mcg/mL	LC-MS/MS (83789)
	Reference Comment: Penciclovir, when used properly as a topical agent (Denavir), will not reach detectable levels in the body. The following are expected Penciclovir plasma concentrations approximately 1 hour after a single oral dose of Famciclovir: Famciclovir dose — Penciclovir Concentration 125 mg: 0.8 mcg/mL 250 mg: 1.6 mcg/mL 500 mg: 3.3 mcg/mL The ratio of whole blood concentration to serum or plasma concentration is unknown for this analyte.			
	Specimen Requirements: Specimen Requirements: 1 mL Blood Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: None			
	Stability: Room Temperature: 30 day(s) Refrigerated: 30 day(s) Frozen (-20 °C): 30 day(s)			

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TEST CHANGES
Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
0050B	**Acetazolamide, Blood**		
Scope:	Acetazolamide	mcg/mL	HPLC (82491)
Specimen Requirements:	Specimen Requirements: 1 mL Blood Transport Temperature: Frozen Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: Received Room Temperature. Received Refrigerated.		
Stability:	Room Temperature: 3 day(s) Refrigerated: 3 day(s) Frozen (-20 °C): 1 month(s)		
Summary of Changes:	For Quality Improvement purposes the following changes were made. Frozen requirement was added.		
0405B	**Anticonvulsants Panel, Blood**		
Scope:	Carbamazepine	mcg/mL	HPLC (82492)
	Carbamazepine-10, 11 Epoxide	mcg/mL	
	Mephenytoin	mcg/mL	
	Mephobarbital	mcg/mL	
	Nirvanol	mcg/mL	
	Normethsuximide	mcg/mL	
	PEMA	mcg/mL	
	Pemoline	mcg/mL	
	Phenacemide	mcg/mL	
	Phenobarbital	mcg/mL	
	Phenytoin	mcg/mL	
	Primidone	mcg/mL	
	Methocarbamol	mcg/mL	**HPLC (82492)**
Specimen Requirements:	Specimen Requirements: **3 mL** Blood Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: Received Room Temperature.		
Stability:	Room Temperature: 5 day(s) Refrigerated: 14 day(s) Frozen (-20 °C): 14 day(s)		
Summary of Changes:	For Quality Improvement purposes the following changes were made. CPT code was added. Requested volume was increased.		

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TEST CHANGES
Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
0405SP	**Anticonvulsants Panel, Serum/Plasma**		
	Scope: Carbamazepine	mcg/mL	HPLC (82492)
	Carbamazepine-10, 11 Epoxide	mcg/mL	
	Mephenytoin	mcg/mL	
	Mephobarbital	mcg/mL	
	Nirvanol	mcg/mL	
	Normethsuximide	mcg/mL	
	PEMA	mcg/mL	
	Pemoline	mcg/mL	
	Phenacemide	mcg/mL	
	Phenobarbital	mcg/mL	
	Phenytoin	mcg/mL	
	Primidone	mcg/mL	
	Methocarbamol	mcg/mL	**HPLC (82492)**
	Specimen Requirements: Specimen Requirements: **3 mL** Serum or Plasma Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines. Rejection Criteria: Received Room Temperature. Polymer gel separation tube (SST or PST).		
	Stability: Room Temperature: 5 day(s) Refrigerated: 14 day(s) Frozen (-20 °C): 14 day(s)		
	Summary of Changes: For Quality Improvement purposes the following changes were made. CPT code was added. Requested volume was increased.		

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TEST CHANGES
Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
0405U	**Anticonvulsants Panel, Urine**		
	Scope: Carbamazepine	mcg/mL	HPLC (82492)
	Carbamazepine-10, 11 Epoxide	mcg/mL	
	Mephenytoin	mcg/mL	
	Mephobarbital	mcg/mL	
	Nirvanol	mcg/mL	
	Normethsuximide	mcg/mL	
	PEMA	mcg/mL	
	Pemoline	mcg/mL	
	Phenacemide	mcg/mL	
	Phenobarbital	mcg/mL	
	Phenytoin	mcg/mL	
	Primidone	mcg/mL	
	Methocarbamol	mcg/mL	**HPLC (82492)**
	Specimen Requirements: Specimen Requirements: **3 mL** Urine Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: Received Room Temperature.		
	Stability: Room Temperature: 5 day(s) Refrigerated: 14 day(s) Frozen (-20 °C): 14 day(s)		
	Summary of Changes: For Quality Improvement purposes the following changes were made. CPT code was added. Requested volume was increased.		

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TEST CHANGES
Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
8265B	**Codeine and Metabolite - Free (Unconjugated), Blood (Forensic)**		
Scope:	Opiates	ng/mL	ELISA (80101)
	Codeine - Free	ng/mL	GC/MS (83925)
	Morphine - Free	ng/mL	
Specimen Requirements:	Specimen Requirements: 4 mL Blood Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: Submit with Chain of Custody. Rejection Criteria: None		
Stability:	Room Temperature: 7 day(s) Refrigerated: 10 day(s) Frozen (-20 °C): 1 month(s)		
Summary of Changes:	For Quality Improvement purposes the following changes were made. Test Name was changed		
8265TI	**Codeine and Metabolite - Total (Conjugated/Unconjugated), Tissue (Forensic)**		
Scope:	Opiates	ng/g	ELISA (80103, 80101)
	Codeine - Total	ng/g	GC/MS (80103, 83925)
	Morphine - Total	ng/g	
Specimen Requirements:	Specimen Requirements: 10 g Tissue Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: Submit with Chain of Custody. Rejection Criteria: None		
Stability:	Room Temperature: Undetermined Refrigerated: Undetermined Frozen (-20 °C): Undetermined		
Summary of Changes:	For Quality Improvement purposes the following changes were made. Test Name was changed		

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TEST CHANGES
Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
8265U	**Codeine and Metabolite - Total (Conjugated/Unconjugated), Urine (Forensic)**		
Scope:	Opiates	ng/mL	EIA (80101)
	Codeine - Total	ng/mL	GC/MS (83925)
	Morphine - Total	ng/mL	
Specimen Requirements:	Specimen Requirements: 3 mL Urine Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: Submit with Chain of Custody. Rejection Criteria: None		
Stability:	Room Temperature: 7 day(s) Refrigerated: 10 day(s) Frozen (-20 °C): 1 month(s)		
Summary of Changes:	For Quality Improvement purposes the following changes were made. Test Name was changed		
2900B	**Methocarbamol, Blood**		
Scope:	Methocarbamol	mcg/mL	HPLC (82491)
Specimen Requirements:	Specimen Requirements: **1 mL** Blood Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: Received Room Temperature.		
Stability:	Room Temperature: 5 day(s) Refrigerated: 14 day(s) Frozen (-20 °C): 14 day(s)		
Summary of Changes:	For Quality Improvement purposes the following changes were made. Requested volume was decreased.		

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TEST CHANGES
Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
2900FL	**Methocarbamol, Fluid**		
Scope:	Methocarbamol	mcg/mL	HPLC (82491)
Specimen Requirements:	Specimen Requirements: **3 mL** Fluid Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: None		
Stability:	Room Temperature: Undetermined Refrigerated: Undetermined Frozen (-20 °C): Undetermined		
Summary of Changes:	For Quality Improvement purposes the following changes were made. Requested volume was decreased.		
2900SP	**Methocarbamol, Serum/Plasma**		
Scope:	Methocarbamol	mcg/mL	HPLC (82491)
Specimen Requirements:	Specimen Requirements: **1 mL** Serum or Plasma Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines. Rejection Criteria: Polymer gel separation tube (SST or PST).		
Stability:	Room Temperature: 14 day(s) Refrigerated: 14 day(s) Frozen (-20 °C): 14 day(s)		
Summary of Changes:	For Quality Improvement purposes the following changes were made. Requested volume was decreased.		

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TEST CHANGES
Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
2900U	**Methocarbamol, Urine**		
Scope:	Methocarbamol	mcg/mL	HPLC (82491)
Specimen Requirements:	Specimen Requirements: **1 mL** Urine Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: Received Room Temperature.		
Stability:	Room Temperature: 5 day(s) Refrigerated: 14 day(s) Frozen (-20 °C): 14 day(s)		
Summary of Changes:	For Quality Improvement purposes the following changes were made. Requested volume was decreased.		
9200U	**Mepivacaine Screen, Urine**		
Scope:	Mepivacaine	**mcg/mL**	GC (82491)
Specimen Requirements:	Specimen Requirements: **2 mL** Urine Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: None		
Stability:	Room Temperature: Undetermined Refrigerated: Undetermined Frozen (-20 °C): Undetermined		
Summary of Changes:	For Quality Improvement purposes the following changes were made. Units were changed. Requested volume was decreased.		

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TEST CHANGES
Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
4105B	**Risperidone and Metabolite, Blood**		
	Scope: Risperidone	ng/mL	
	9-Hydroxyrisperidone	ng/mL	LC-MS/MS (82542)
	Risperidone and 9-Hydroxyrisperidone - Total	ng/mL	
	Specimen Requirements: Specimen Requirements: 1 mL Blood Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: None		
	Stability: Room Temperature: 14 day(s) Refrigerated: 14 day(s) Frozen (-20 °C): 7 month(s)		
	Summary of Changes: For Quality Improvement purposes the following changes were made. Risperidone and 9-Hydroxyrisperidone was removed. Risperidone and 9-Hydroxyrisperidone – Total was added		
4105FL	**Risperidone and Metabolite, Fluid**		
	Scope: Risperidone	ng/mL	
	9-Hydroxyrisperidone	ng/mL	LC-MS/MS (82542)
	Risperidone and 9-Hydroxyrisperidone - Total	ng/mL	
	Specimen Requirements: Specimen Requirements: 1 mL Fluid Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: None		
	Stability: Room Temperature: 14 day(s) Refrigerated: 14 day(s) Frozen (-20 °C): 7 month(s)		
	Summary of Changes: For Quality Improvement purposes the following changes were made. Risperidone and 9-Hydroxyrisperidone was removed. Risperidone and 9-Hydroxyrisperidone – Total was added		

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TEST CHANGES
Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
4105SP	**Risperidone and Metabolite, Serum/Plasma**		
	Scope: Risperidone	ng/mL	
	9-Hydroxyrisperidone	ng/mL	LC-MS/MS (82542)
	Risperidone and 9-Hydroxyrisperidone - Total	ng/mL	
	Specimen Requirements: Specimen Requirements: 2 mL Serum or Plasma Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines. Rejection Criteria: Polymer gel separation tube (SST or PST).		
	Stability: Room Temperature: 14 day(s) Refrigerated: 14 day(s) Frozen (-20 °C): 7 month(s)		
	Summary of Changes: For Quality Improvement purposes the following changes were made. Risperidone and 9-Hydroxyrisperidone was removed. Risperidone and 9-Hydroxyrisperidone – Total was added		
4105TI	**Risperidone and Metabolite, Tissue**		
	Scope: Risperidone	ng/g	LC-MS/MS (80103, 82542)
	9-Hydroxyrisperidone	ng/g	
	Risperidone and 9-Hydroxyrisperidone - Total	ng/g	
	Specimen Requirements: Specimen Requirements: 10 g Tissue Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: None		
	Stability: Room Temperature: 14 day(s) Refrigerated: 14 day(s) Frozen (-20 °C): 7 month(s)		
	Summary of Changes: For Quality Improvement purposes the following changes were made. Risperidone and 9-Hydroxyrisperidone was removed. Risperidone and 9-Hydroxyrisperidone – Total was added		

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TEST CHANGES
Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
4105U	**Risperidone and Metabolite, Urine**		
Scope:	Risperidone	ng/mL	
	9-Hydroxyrisperidone	ng/mL	LC-MS/MS (82542)
	Risperidone and 9-Hydroxyrisperidone - Total	ng/mL	
Specimen Requirements:	Specimen Requirements: 1 mL Urine Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: None		
Stability:	Room Temperature: 14 day(s) Refrigerated: 14 day(s) Frozen (-20 °C): 7 month(s)		
Summary of Changes:	For Quality Improvement purposes the following changes were made. Risperidone and 9-Hydroxyrisperidone was removed. Risperidone and 9-Hydroxyrisperidone – Total was added		
4395B	**Ticlopidine, Blood**		
Scope:	Ticlopidine	mcg/mL	GC (82491)
Specimen Requirements:	Specimen Requirements: 1 mL Blood Transport Temperature: Frozen Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: None Rejection Criteria: Received Room Temperature. Received Refrigerated.		
Stability:	Room Temperature: Not Stable Refrigerated: Not Stable Frozen (-20 °C): 3 month(s)		
Summary of Changes:	For Quality Improvement purposes the following changes were made. Frozen requirement was added.		

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TEST CHANGES
Method/CPT Code*, Units of Measurement, Scope of Analysis and Specimen Requirements

Test Code	Test Name	Units	Method / CPT Code
4395SP	**Ticlopidine, Serum/Plasma**		
	Scope: Ticlopidine	mcg/mL	GC (82491)
	Specimen Requirements: Specimen Requirements: 1 mL Serum or Plasma Transport Temperature: Frozen Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines. Rejection Criteria: Received Room Temperature. Received Refrigerated. Polymer gel separation tube (SST or PST).		
	Stability: Room Temperature: Not Stable Refrigerated: Not Stable Frozen (-20 °C): 3 month(s)		
	Summary of Changes: For Quality Improvement purposes the following changes were made. Frozen requirement was added.		
4766SP	**Valacyclovir as Metabolite, Serum/Plasma**		
	Scope: Acyclovir	mcg/mL	HPLC (82491)
	Specimen Requirements: Specimen Requirements: 2 mL Serum or Plasma Transport Temperature: Refrigerated Specimen Container: NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test. Light Protection: Not Required Special Handling: Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines. Rejection Criteria: Polymer gel separation tube (SST or PST).		
	Stability: Room Temperature: 30 day(s) Refrigerated: 30 day(s) Frozen (-20 °C): 30 day(s)		
	Summary of Changes: For Quality Improvement purposes the following changes were made. Test Name was changed.		

DISCONTINUED TESTS

Test Code	Test Name	Alternative Test
1808B	Donnatal, Blood	3580B Phenobarbital, Blood 0490B Atropine, Blood 4160B Scopolamine, Blood

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DISCONTINUED TESTS

Test Code	Test Name	Alternative Test
1808SP	Donnatal, Serum/Plasma	3580SP Phenobarbital, Serum/Plasma 0490SP Atropine, Serum/Plasma 4160SP Scopolamine, Serum/Plasma
1808U	Donnatal, Urine	3580U Phenobarbital, Urine 0490U Atropine, Urine 4160U Scopolamine, Urine

REFERENCE COMMENT CHANGES

Test Code	Test Name / Compound	New Reference Comment
2110B	**Fluphenazine, Blood** • Fluphenazine	Steady-state antipsychotic levels following intramuscular decanoate ester dosing every 1 to 2 weeks: 0.9 - 4.0 ng/mL at a dose of 12.5 mg, 5 - 7 ng/mL at 25 mg, 5 - 17 ng/mL at 50 mg. Effective steady-state antipsychotic plasma levels with oral dosing: 0.1 - 3.0 ng/mL.
2110SP	**Fluphenazine, Serum/Plasma** • Fluphenazine	Steady-state antipsychotic levels following intramuscular decanoate ester dosing every 1 to 2 weeks: 0.9 - 4.0 ng/mL at a dose of 12.5 mg, 5 - 7 ng/mL at 25 mg, 5 - 17 ng/mL at 50 mg. Effective steady-state antipsychotic plasma levels with oral dosing: 0.1 - 3.0 ng/mL.
8682B	**Fluphenazine, Blood** • Fluphenazine	Steady-state antipsychotic levels following intramuscular decanoate ester dosing every 1 to 2 weeks: 0.9 - 4.0 ng/mL at a dose of 12.5 mg, 5 - 7 ng/mL at 25 mg, 5 - 17 ng/mL at 50 mg. Effective steady-state antipsychotic plasma levels with oral dosing: 0.1 - 3.0 ng/mL.

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REFERENCE COMMENT CHANGES

Test Code	Test Name / Compound	New Reference Comment
8682SP	**Fluphenazine, Serum/Plasma** • Fluphenazine	Steady-state antipsychotic levels following intramuscular decanoate ester dosing every 1 to 2 weeks: 0.9 - 4.0 ng/mL at a dose of 12.5 mg, 5 - 7 ng/mL at 25 mg, 5 - 17 ng/mL at 50 mg. Effective steady-state antipsychotic plasma levels with oral dosing: 0.1 - 3.0 ng/mL.
5525SP	**Fluphenazine Confirmation, Serum/Plasma** • Fluphenazine	Steady-state antipsychotic levels following intramuscular decanoate ester dosing every 1 to 2 weeks: 0.9 - 4.0 ng/mL at a dose of 12.5 mg, 5 - 7 ng/mL at 25 mg, 5 - 17 ng/mL at 50 mg. Effective steady-state antipsychotic plasma levels with oral dosing: 0.1 - 3.0 ng/mL.
3656B	**Phenothiazines Panel, Blood** • Fluphenazine Overdose	Steady-state antipsychotic levels following intramuscular decanoate ester dosing every 1 to 2 weeks: 0.9 - 4.0 ng/mL at a dose of 12.5 mg, 5 - 7 ng/mL at 25 mg, 5 - 17 ng/mL at 50 mg. Effective steady-state antipsychotic plasma levels with oral dosing: 0.1 - 3.0 ng/mL.
3656SP	**Phenothiazines Panel, Serum/Plasma** • Fluphenazine Overdose	Steady-state antipsychotic levels following intramuscular decanoate ester dosing every 1 to 2 weeks: 0.9 - 4.0 ng/mL at a dose of 12.5 mg, 5 - 7 ng/mL at 25 mg, 5 - 17 ng/mL at 50 mg. Effective steady-state antipsychotic plasma levels with oral dosing: 0.1 - 3.0 ng/mL.

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REFERENCE COMMENT CHANGES

Test Code	Test Name / Compound	New Reference Comment
8086B	**Phenothiazines Panel, Blood** • Fluphenazine Overdose	Steady-state antipsychotic levels following intramuscular decanoate ester dosing every 1 to 2 weeks: 0.9 - 4.0 ng/mL at a dose of 12.5 mg, 5 - 7 ng/mL at 25 mg, 5 - 17 ng/mL at 50 mg. Effective steady-state antipsychotic plasma levels with oral dosing: 0.1 - 3.0 ng/mL.
8680SP	**Phenothiazines Panel, Serum/Plasma** • Fluphenazine Overdose	Steady-state antipsychotic levels following intramuscular decanoate ester dosing every 1 to 2 weeks: 0.9 - 4.0 ng/mL at a dose of 12.5 mg, 5 - 7 ng/mL at 25 mg, 5 - 17 ng/mL at 50 mg. Effective steady-state antipsychotic plasma levels with oral dosing: 0.1 - 3.0 ng/mL.
9420SP	**Phenothiazines Screen, Serum/Plasma** • Fluphenazine Overdose	Steady-state antipsychotic levels following intramuscular decanoate ester dosing every 1 to 2 weeks: 0.9 - 4.0 ng/mL at a dose of 12.5 mg, 5 - 7 ng/mL at 25 mg, 5 - 17 ng/mL at 50 mg. Effective steady-state antipsychotic plasma levels with oral dosing: 0.1 - 3.0 ng/mL.
5545SP	**Phenothiazines Confirmation, Serum/Plasma** • Fluphenazine Overdose	Steady-state antipsychotic levels following intramuscular decanoate ester dosing every 1 to 2 weeks: 0.9 - 4.0 ng/mL at a dose of 12.5 mg, 5 - 7 ng/mL at 25 mg, 5 - 17 ng/mL at 50 mg. Effective steady-state antipsychotic plasma levels with oral dosing: 0.1 - 3.0 ng/mL.