

Modified Date: 06/02/2014

In our continuing effort to provide you with the highest quality toxicology laboratory services available, we have compiled important changes regarding a number of tests we perform. Listed below are the types of changes that may be included in this notification, effective Monday, September 08, 2014

Test Changes - Tests that have had changes to the method/ CPT code, units of measurement, scope of analysis, reference comments, or specimen requirements.

Discontinued Tests - Tests being discontinued with alternate testing suggestions.

Please use this 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 notification, 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.

Acodes 3426B Perfluorooctanoic Acid, Blood and 3426SP Perfluorooctanoic Acid, Serum/Plasma were removed.

The CPT Codes provided in this document are based on AMA guidelines and are for informational purposes only. NMS Labs does not assume responsibility for billing errors due to reliance on the CPT Codes listed in this document.

Effective Date:

Monday, September 08, 2014



Test Updates

Test Code	Test Name	Test Name	Method / CPT Code	Specimen Req.	Stability	Scope	Units	Reference Comments	Discontinue
7641SP	Adrenal Insufficiency Panel, Serum/Plasma			•				•	
0213B	Allopurinol and Metabolite, Blood			•		•			
0213SP	Allopurinol and Metabolite, Serum/Plasma			•		•			
0329B	Amphetamines (D/L Ratio), Blood			•	•				
0329SP	Amphetamines (D/L Ratio), Serum/Plasma			•	•				
5684SP	Amphetamines Confirmation, Serum/Plasma			•					
8215B	Amphetamines Panel, Blood (Forensic)								•
0408B	Antihistamines Panel, Blood								•
0408SP	Antihistamines Panel, Serum/Plasma								•
0408U	Antihistamines Panel, Urine								•
9108SP	Antihistamines Screen, Serum/Plasma								•
9108U	Antihistamines Screen, Urine								•
0474SP	Asenapine, Serum/Plasma				•				
8224B	Barbiturates Panel, Blood (Forensic)								•
8227B	Benzodiazepines, Blood (Forensic)								•
5646TI	Cannabinoid Metabolite Confirmation, Tissue	•				•			
50013TI	Cannabinoid Metabolite Confirmation, Tissue (Forensic)	•				•			
0960TI	Cannabinoid Metabolite, Tissue	•				•			
0964U	Cannabinoid Metabolite, Urine			•					
8272B	Cannabinoids Panel, Blood (Forensic)								•
1080U	Chlordiazepoxide and Metabolite, Urine			•					
8264B	Cocaine and Metabolites, Blood (Forensic)								•
7644SP	Congenital Adrenal Hyperplasia (CAH) Panel, Serum/Plasma			•				•	
7625SP	Cortisol, Serum/Plasma			•				•	
7657U	Cortisone Metabolites Panel, Urine (Research Use Only-RUO)								٠
1640SP	Diltiazem, Serum/Plasma				•				
8075U	Drug Impaired Driving/DRE Toxicology Expanded Drug Screen Add-On, Urine (Forensic)					•			
1876U	Drug Screen, Expanded, Urine					•			
9421B	Fluphenazine Screen, Blood								•
9421SP	Fluphenazine Screen, Serum/Plasma								•

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Test Updates

Test Code	Test Name	Test Name	Method / CPT Code	Specimen Req.	Stability	Scope	Units	Reference Comments	Discontinue
9421U	Fluphenazine Screen, Urine								•
2110B	Fluphenazine, Blood		•	•	•			•	
8682B	Fluphenazine, Blood								•
8682SP	Fluphenazine, Serum/Plasma								•
2110U	Fluphenazine, Urine								•
8682U	Fluphenazine, Urine								•
54337B	GC Confirmation Set 1 (Drug Impaired Driving/DRE Toxicology), Blood (Forensic)					•			
54337SF	GC Confirmation Set 1 (Drug Impaired P Driving/DRE Toxicology), Serum/Plasma (Forensic)					•			
54337U	GC Confirmation Set 1 (Drug Impaired Driving/DRE Toxicology), Urine (Forensic)					•			
52410B	GC Confirmation Set 1, Blood (Forensic)					٠			
52410SF	GC Confirmation Set 1, Serum/Plasma (Forensic)					•			
52410U	GC Confirmation Set 1, Urine (Forensic)					•			
54336B	GC Confirmation Set 2 (Drug Impaired Driving/DRE Toxicology), Blood (Forensic)					•			
54336SF	GC Confirmation Set 2 (Drug Impaired P Driving/DRE Toxicology), Serum/Plasma (Forensic)					•			
54336U	GC Confirmation Set 2 (Drug Impaired Driving/DRE Toxicology), Urine (Forensic)					•			
52411B	GC Confirmation Set 2, Blood (Forensic)					•			
52411SP	, GC Confirmation Set 2, Serum/Plasma (Forensic)					•			
52411U	GC Confirmation Set 2, Urine (Forensic)					•			
8348B	Methadone and Metabolite, Blood (Forensic)								•
9293FL	Methylenedioxymethamphetamine and Metabolite Screen, Fluid								•
54363B	Perphenazine Confirmation (Drug Impaired Driving/DRE Toxicology), Blood (Forensic)		•	•	•			•	
54363SF	Perphenazine Confirmation (Drug Impaired Driving/DRE Toxicology), Serum/Plasma (Forensic)		•	•	•			•	
52423B	Perphenazine Confirmation, Blood (Forensic)		•	•	•			•	
52423SF	, Perphenazine Confirmation, Serum/Plasma (Forensic)		•	•	•			•	

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Test Code	Test Name	Test Name	Method / CPT Code	Specimen Req.	Stability	Scope	Units	Reference Comments	Discontinue
9227B	Perphenazine Screen, Blood								•
9227SP	Perphenazine Screen, Serum/Plasma								•
9227U	Perphenazine Screen, Urine								•
3440B	Perphenazine, Blood		•	•	•			•	
3440SP	Perphenazine, Serum/Plasma		•	•	•			•	
3440U	Perphenazine, Urine								•
3533B	Phencyclidine, Blood (Forensic)								•
5545SP	Phenothiazines Confirmation, Serum/Plasma					•			
8680B	Phenothiazines Panel, Blood								•
8680SP	Phenothiazines Panel, Serum/Plasma								•
8680U	Phenothiazines Panel, Urine								•
9420SP	Phenothiazines Screen, Serum/Plasma								•
9420U	Phenothiazines Screen, Urine								•
8063U	Postmortem Toxicology - Basic to Expanded Upgrade, Urine (Forensic)					•			
8062U	Postmortem Toxicology - Expanded w/o Alcohol, Urine (Forensic)					•			
8052U	Postmortem Toxicology - Expanded, Urine (Forensic)					•			
3950B	Prochlorperazine, Blood		•	•	•			•	
8685B	Prochlorperazine, Blood								•
3950SP	Prochlorperazine, Serum/Plasma		•	•	•			•	
8685SP	Prochlorperazine, Serum/Plasma								•
3950U	Prochlorperazine, Urine								•
9426B	Promethazine Screen, Blood								•
9426SP	Promethazine Screen, Serum/Plasma								•
9426TI	Promethazine Screen, Tissue								•
9426U	Promethazine Screen, Urine								•
8687B	Promethazine, Blood								•
8687SP	Promethazine, Serum/Plasma								•
4176SP	Selegiline and Metabolites, Serum/Plasma			•					
7671SP	Steroids Panel, Serum/Plasma (CSA)			•				•	
4541SP	Triavil®, Serum/Plasma								•
4660B	Trifluoperazine, Blood		•	•	•			•	
8690B	Trifluoperazine, Blood (Forensic)								•





Test Code	Test Name	Test Name	Method / CPT Code	Specimen Req.	Stability	Scope	Units	Reference Comments	Discontinue
400000									
4660SP	Trifluoperazine, Serum/Plasma		•	•	•			•	
8690SP	Trifluoperazine, Serum/Plasma (Forensic)								•
4660U	Trifluoperazine, Urine								•
8690U	Trifluoperazine, Urine (Forensic)								•
7628SP	Vitamin D, 25-Hydroxy (D2 and D3), Serum/Plasma					٠			
9498U	Zolpidem Screen, Urine								•



7641S	P Adrenal Insuff	iciency Panel, Serum/Plasma
:	Summary of Changes:	Specimen Requirements (Specimen Container) were changed. Reference Comment was changed.
Spe	ecimen Requirements:	1 mL Serum or Plasma
Т	ransport Temperature:	Refrigerated
	Specimen Container: Light Protection:	Green top tube (Sodium Heparin), Lavender top tube (EDTA), Light Green top tube (Lithium Heparin), Pink top tube (EDTA), Polymer gel separation tube (SST or PST), Red top tube (no additive) 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.
	Scope of Analysis: Method (CPT Code)	LC-MS/MS (82088): Aldosterone LC-MS/MS (83789): Dehydroepiandrosterone, Cortisol, 11-Deoxycortisol
-		

Reference intervals for patients:
Age 18 years and above: 5.0 - 23.0 mcg/dL (8 am).
8 pm value is less than 50% of 8 am value for Cortisol.
Reference intervals for pediatric patients: Premature infants (31-35 weeks): Less than 15.1 mcg/dL Term infants (age 0-3 days): Less than 14.1 mcg/dL Age 4 days - 1 year: Primary data not available Age 1-17 years: 2.0-17.0 mcg/dL (AM)
ACTH stimulation reference intervals:
Age 1-12 months: Baseline: 3.0-23.0 mcg/dL 60 minutes stimulation: 32.0-60.0 mcg/dL
Age 1-5 years: Baseline: 6.0-25.0 mcg/dL 60 minutes stimulation: 22.0-40.0 mcg/dL
Age 6-12 years:
Baseline: 3.0-15.0 mcg/dL 60 minutes stimulation: 17.0-28.0 mcg/dL
Tanner stages II-III Males:
Baseline: 4.0-13.0 mcg/dL 60 minutes stimulation: 15.0-45.0 mcg/dL
Females: Baseline: 4.0-16.0 mcg/dL



Compound Name	Units	Reference Comment
		60 minutes stimulation: 16.0-32.0 mcg/dL
		Tanner stages IV-V Males: Baseline: 5.0-15.0 mcg/dL 60 minutes stimulation: 18.0-27.0 mcg/dL Females: Baseline: 6.0-15.0 mcg/dL 60 minutes stimulation: 18.0-35.0 mcg/dL
0213B Allopurinol an	d Metabolite, Blood	
Summary of Changes:	Specimen Requirements (Spec Scope of Analysis was changed Order of Reporting was changed	eimen Container) were changed. d. ed.
Specimen Requirements:	5 mL Blood	
Transport Temperature:	Refrigerated	
Specimen Container:	Lavender top tube (EDTA)	
Light Protection:	Not Required	
Special Handling:	None	
Rejection Criteria:	None	
Scope of Analysis: Method (CPT Code)	HPLC (82492): Oxypurinol, Allc	ppurinol
0213SP Allopurinol an	d Metabolite, Serum/Plasma	
Summary of Changes:	Specimen Requirements (Spec Specimen Requirements (Spec Scope of Analysis was changed Order of Reporting was changed	simen Container) were changed. sial Handling) were changed. d. ed.
Specimen Requirements:	2 mL Serum or Plasma	
Transport Temperature:	Refrigerated	
Specimen Container:	Plastic container (preservative-	free)
Light Protection:	Not Required	
Special Handling:	Serum: Collect sample in Red t Plasma: Collect sample in Lave Promptly centrifuge and separa using approved guidelines.	op tube ender top tube (EDTA) or Pink top tube. ate Serum or Plasma into a plastic screw capped vial
Rejection Criteria:	Polymer gel separation tube (S	ST or PST).
Scope of Analysis: Method (CPT Code)	HPLC (82492): Oxypurinol, Allc	ppurinol



Test Changes

0329B Amphet	tamines	s (D/L Ratio), Blood
Summary of Cha	anges:	Specimen Requirements (Specimen Container) were changed. Stability was changed.
		2 ml Dlaad
	ments:	3 ML Blood
Specimen Con	itainer:	Gray top tube (Sodium Fluoride / Potassium Oxalate)
Light Prote	ection:	Not Required
Special Har	ndling:	None
Rejection C	riteria:	None
St	ability:	Room Temperature: 30 day(s)
		Frozen (-20 °C): 1 month(s)
0329SP Amphet	tamines	s (D/L Ratio), Serum/Plasma
Summary of Cha	anges:	Specimen Requirements (Specimen Container) were changed. Specimen Requirements (Special Handling) were changed. Stability was changed.
Specimen Requirer	ments:	3 mL Serum or Plasma
Transport Temper	rature:	Refrigerated
Specimen Con	tainer:	Plastic container (preservative-free)
Light Prote	ection:	Not Required
Special Har Rejection C	ndling:	Serum: Collect sample in Red top tube Plasma: Collect sample in Lavender top tube (EDTA) or Pink top tube. Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines. Polymer gel separation tube (SST or PST)
St	ability:	Room Temperature: 30 dav(s)
		Refrigerated: 30 day(s) Frozen (-20 °C): 30 day(s)
5684SP Amphet	tamines	s Confirmation, Serum/Plasma

Summary of Changes: Specimen Requirements (Special Handling) were changed.



Test Updates

Specimen Requirements:	1 mL Serum or Plasma		
Transport Temperature: Refrigerated			
Specimen Container:	Plastic container (preservative-free)		
Light Protection:	Not Required		
Special Handling: Rejection Criteria:	Serum: Collect sample in Red top tube Plasma: Collect sample in Lavender top tube (EDTA) or Pink top tube. Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines. Received Room Temperature. Polymer gel separation tube (SST or PST).		
0474SP Asenapine, Se	erum/Plasma		
Summary of Changes:	Stability was changed.		
Stability:	Room Temperature: 7 day(s) Refrigerated: 30 day(s) Frozen (-20 °C): 30 day(s)		
50013TI Cannabinoid	Metabolite Confirmation, Tissue (Forensic)		
Summary of Changes:	Test Name was changed. Scope of Analysis was changed. Delta-9 THC and 11-Hydroxy Delta-9 THC were removed.		
Scope of Analysis: Method (CPT Code)	GC/MS (80103, 82542): Delta-9 Carboxy THC		
5646TI Cannabinoid	Metabolite Confirmation, Tissue		
Summary of Changes:	Test Name was changed. Scope of Analysis was changed. Delta-9 THC and 11-Hydroxy Delta-9 THC were removed.		
Scope of Analysis: Method (CPT Code)	GC/MS (80103, 82542): Delta-9 Carboxy THC		
0960TI Cannabinoid	Metabolite, Tissue		
Summary of Changes:	Test Name was changed. Scope of Analysis was changed. Delta-9 THC and 11-Hydroxy Delta-9 THC were removed.		
Scope of Analysis: Method (CPT Code)	GC/MS (80103, 82542): Delta-9 Carboxy THC		
0964U Cannabinoid	Metabolite, Urine		
Summary of Changes:	Specimen Requirements were changed. Specimen Requirements (Specimen Container) were changed.		



Test Changes

Specimen Requirements:	3 mL Urine						
Transport Temperature:	Refrigerated						
Specimen Container:	lastic container (preservative-free)						
Light Protection:	Not Required	ot Required					
Special Handling:	None						
Rejection Criteria:	None						
1080U Chlordiazepox	tide and Metabolite, Urine						
Summary of Changes:	Specimen Requirements (Spec	imen Container) were changed.					
Specimen Requirements:	1 mL Urine						
Transport Temperature:	Refrigerated						
Specimen Container:	Plastic container (preservative-free)						
Light Protection:	Not Required						
Special Handling:	None						
Rejection Criteria:	a: Received Room Temperature.						
7644SP Congenital Ad	renal Hyperplasia (CAH) Panel	, Serum/Plasma					
Summary of Changes:	Specimen Requirements (Spec Reference Comment was chan	imen Container) were changed. ged.					
Specimen Requirements:	1 mL Serum or Plasma						
Transport Temperature:	Refrigerated						
Specimen Container:	Green top tube (Sodium Heparin), Lavender top tube (EDTA), Light Green top tube (Lithium Heparin), Pink top tube (EDTA), Polymer gel separation tube (SST or PST), Red top tube (no additive)						
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.						
Scope of Analysis: Method (CPT Code)	LC-MS/MS (82533): Cortisol, 1	7-Hydroxyprogesterone, Androstenedione					
Compound Name	Units	Reference Comment					
Cortisol	mcg/dL	Reference intervals for patients: Age 18 years and above: 5.0 - 23.0 mcg/dL (8 am). 8 pm value is less than 50% of 8 am value for Cortisol.					

Reference intervals for pediatric patients: Premature infants (31-35 weeks): Less than 15.1 mcg/dL Term infants (age 0-3 days): Less than 14.1 mcg/dL



Test Changes

Compound Name	Units	Reference Comment
		Age 4 days - 1 year: Primary data not available Age 1-17 years: 2.0-17.0 mcg/dL (AM)
		ACTH stimulation reference intervals:
		Age 1-12 months: Baseline: 3.0-23.0 mcg/dL 60 minutes stimulation: 32.0-60.0 mcg/dL
		Age 1-5 years: Baseline: 6.0-25.0 mcg/dL 60 minutes stimulation: 22.0-40.0 mcg/dL
		Age 6-12 years: Baseline: 3.0-15.0 mcg/dL 60 minutes stimulation: 17.0-28.0 mcg/dL
		Tanner stages II-III Males: Baseline: 4.0-13.0 mcg/dL 60 minutes stimulation: 15.0-45.0 mcg/dL Females: Baseline: 4.0-16.0 mcg/dL 60 minutes stimulation: 16.0-32.0 mcg/dL
		Tanner stages IV-V Males: Baseline: 5.0-15.0 mcg/dL 60 minutes stimulation: 18.0-27.0 mcg/dL Females: Baseline: 6.0-15.0 mcg/dL 60 minutes stimulation: 18.0-35.0 mcg/dL
625SP Cortisol, Serur	n/Plasma	

Summary of Changes: Specimen Requirements were changed. Specimen Requirements (Specimen Container) were changed. Reference Comment was changed.



Specimen Requirements:	1 mL Serum or Plasma
Transport Temperature:	Refrigerated
Specimen Container:	Green top tube (Sodium Heparin), Lavender top tube (EDTA), Light Green top tube (Lithium Heparin), Pink top tube (EDTA), Polymer gel separation tube (SST or PST), Red top tube (no additive)
Light Protection:	Not Required
Special Handling:	Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines.
Rejection Criteria:	None
Scope of Analysis: Method (CPT Code)	LC-MS/MS (82533): Cortisol

Compound Name	Units	Reference Comment
Cortisol	mcg/dL	Reference intervals for patients:
		Age 18 years and above:
		5.0 - 23.0 mcg/dL (8 am).
		8 pm value is less than 50% of 8 am value for Cortisol.
		Reference intervals for pediatric patients: Premature infants (31-35 weeks): Less than 15.1 mcg/dL Term infants (age 0-3 days): Less than 14.1 mcg/dL Age 4 days - 1 year: Primary data not available Age 1-17 years: 2.0-17.0 mcg/dL (AM)
		ACTH stimulation reference intervals:
		Age 1-12 months: Baseline: 3.0-23.0 mcg/dL 60 minutes stimulation: 32.0-60.0 mcg/dL
		Age 1-5 years:
		Baseline: 6.0-25.0 mcg/dL
		60 minutes stimulation: 22.0-40.0 mcg/dL
		Age 6-12 years:
		Baseline: 3.0-15.0 mcg/dL
		60 minutes stimulation: 17.0-28.0 mcg/dL
		Tanner stages II-III
		Males:
		Baseline: 4.0-13.0 mcg/dL
		60 minutes stimulation: 15.0-45.0 mcg/dL
		Females:
		Baseline: 4.0-16.0 mcg/dL
		60 minutes stimulation: 16.0-32.0 mcg/dL
		Tanner stages IV-V



Compour	nd Name	Units	Reference Comment
			Males: Baseline: 5.0-15.0 mcg/dL 60 minutes stimulation: 18.0-27.0 mcg/dL Females: Baseline: 6.0-15.0 mcg/dL 60 minutes stimulation: 18.0-35.0 mcg/dL
1640SP	Diltiazem, Ser	um/Plasma	
Summ	nary of Changes:	Stability was changed.	
	Stability:	Room Temperature: 8 day(s) Refrigerated: 8 day(s) Frozen (-20 °C): 30 day(s)	
8075U	Drug Impaired	Driving/DRE Toxicology Expansion	nded Drug Screen Add-On, Urine (Forensic)
Summ	nary of Changes:	Scope of Analysis was changed Fluphenazine, Perphenazine, P removed.	I. rochlorperazine and Trifluoperazine were
So Met	cope of Analysis: hod (CPT Code)		
1876U	Drug Screen, I	Expanded, Urine	
Summ	nary of Changes:	Scope of Analysis was changed Fluphenazine, Perphenazine, P removed.	I. rochlorperazine and Trifluoperazine were
So Met	cope of Analysis: hod (CPT Code)		
2110B	Fluphenazine,	Blood	
Summ	nary of Changes:	Specimen Requirements were of Specimen Requirements (Spec Stability was changed. Reference Comment was chang Methods/CPT Codes were char	changed. imen Container) were changed. ged. nged [LC-MS/MS (83789)]
Specime	n Requirements:	3 mL Blood	
Transp	ort Temperature:	Refrigerated	
Spec	cimen Container:	Lavender top tube (EDTA)	
	Light Protection:	Not Required	
S	Special Handling:	None	
R	ejection Criteria:	None	



Test Updates

Test Changes

Stability:	Room Temperature: 30 day(s)
	Refrigerated: 30 day(s)
	Frozen (-20 °C): 30 day(s)
Scope of Analysis:	LC-MS/MS (83789): Fluphenazine
Method (CPT Code)	

Compound Name	Units	Reference Comment
Fluphenazine	ng/mL	Schizophrenic patients maintained with depot injections of fluphenazine decanoate at 12.5 to 50 mg every 1 to 2 weeks had plasma fluphenazine concentrations ranging from 1 to 17 ng/mL. Healthy subjects given single oral doses of 5 mg fluphenazine had peak plasma concentrations averaging 0.6 ng/mL (SEM +/- 0.1 ng/mL). The blood to plasma ratio for fluphenazine is approximately 1. Substance(s) known to interfere with the identity and/or quantity of the reported result: Trimeprazine
54337B GC Confirmati	on Set 1 (Drug Impaired	Driving/DRE Toxicology), Blood (Forensic)
Summary of Changes:	Scope of Analysis was ch Prochlorperazine and Tri	nanged. fluoperazine were removed.
Scope of Analysis: Method (CPT Code)	GC (82492): Clomipramin Pentazocine, Pheniramin Nortriptyline, Doxepin, Do Fluoxetine, Norfluoxetine	ne, Desmethylclomipramine, Maprotiline, Amoxapine, ne, Brompheniramine, Chlorpromazine, Amitriptyline, esmethyldoxepin, Dextro / Levo Methorphan, Doxylamine, e, Trazodone, Mirtazapine, Verapamil
54337SP GC Confirmati	on Set 1 (Drug Impaired	Driving/DRE Toxicology), Serum/Plasma (Forensic)
Summary of Changes:	Scope of Analysis was ch Prochlorperazine and Tri	nanged. fluoperazine were removed.
Scope of Analysis: Method (CPT Code)	GC (82492): Clomipramin Pentazocine, Pheniramin Nortriptyline, Doxepin, Do Fluoxetine, Norfluoxetine	ne, Desmethylclomipramine, Maprotiline, Amoxapine, ne, Brompheniramine, Chlorpromazine, Amitriptyline, esmethyldoxepin, Dextro / Levo Methorphan, Doxylamine, e, Trazodone, Mirtazapine, Verapamil
54337U GC Confirmati	on Set 1 (Drug Impaired	Driving/DRE Toxicology), Urine (Forensic)
Summary of Changes:	Scope of Analysis was che Prochlorperazine and Tri	nanged. fluoperazine were removed.
Scope of Analysis: Method (CPT Code)	GC (82492): Clomipramin Pentazocine, Pheniramin Nortriptyline, Doxepin, Do Fluoxetine, Norfluoxetine	ne, Desmethylclomipramine, Maprotiline, Amoxapine, ne, Brompheniramine, Chlorpromazine, Amitriptyline, esmethyldoxepin, Dextro / Levo Methorphan, Doxylamine, e, Trazodone, Mirtazapine, Verapamil
52410B GC Confirmati	on Set 1, Blood (Forensi	c)



Test Updates

Summary of Changes:	Scope of Analysis was changed. Prochlorperazine and Trifluoperazine were removed.
Scope of Analysis: Method (CPT Code)	GC (82492): Clomipramine, Desmethylclomipramine, Maprotiline, Amoxapine, Pentazocine, Pheniramine, Brompheniramine, Chlorpromazine, Amitriptyline, Nortriptyline, Doxepin, Desmethyldoxepin, Dextro / Levo Methorphan, Doxylamine, Fluoxetine, Norfluoxetine, Trazodone, Mirtazapine, Verapamil
52410SP GC Confirmati	on Set 1, Serum/Plasma (Forensic)
Summary of Changes:	Scope of Analysis was changed. Prochlorperazine and Trifluoperazine were removed.
Scope of Analysis: Method (CPT Code)	GC (82492): Clomipramine, Desmethylclomipramine, Maprotiline, Amoxapine, Pentazocine, Pheniramine, Brompheniramine, Chlorpromazine, Amitriptyline, Nortriptyline, Doxepin, Desmethyldoxepin, Dextro / Levo Methorphan, Doxylamine, Fluoxetine, Norfluoxetine, Trazodone, Mirtazapine, Verapamil
52410U GC Confirmati	on Set 1, Urine (Forensic)
Summary of Changes:	Scope of Analysis was changed. Prochlorperazine and Trifluoperazine were removed.
Scope of Analysis: Method (CPT Code)	GC (82492): Clomipramine, Desmethylclomipramine, Maprotiline, Amoxapine, Pentazocine, Pheniramine, Brompheniramine, Chlorpromazine, Amitriptyline, Nortriptyline, Doxepin, Desmethyldoxepin, Dextro / Levo Methorphan, Doxylamine, Fluoxetine, Norfluoxetine, Trazodone, Mirtazapine, Verapamil
54336B GC Confirmati	on Set 2 (Drug Impaired Driving/DRE Toxicology), Blood (Forensic)
54336B GC Confirmati	on Set 2 (Drug Impaired Driving/DRE Toxicology), Blood (Forensic) Scope of Analysis was changed. Fluphenazine Overdose was removed.
54336B GC Confirmati Summary of Changes: Scope of Analysis: Method (CPT Code)	on Set 2 (Drug Impaired Driving/DRE Toxicology), Blood (Forensic) Scope of Analysis was changed. Fluphenazine Overdose was removed. GC (82492): Imipramine, Desipramine, Trimipramine, Desmethyltrimipramine, Protriptyline, Tranylcypromine, Orphenadrine, Pyrilamine, Meperidine, Normeperidine, Mesoridazine, Thioridazine, Promethazine, Triprolidine
54336BGC ConfirmatiSummary of Changes:Scope of Analysis: Method (CPT Code)54336SPGC Confirmati	on Set 2 (Drug Impaired Driving/DRE Toxicology), Blood (Forensic) Scope of Analysis was changed. Fluphenazine Overdose was removed. GC (82492): Imipramine, Desipramine, Trimipramine, Desmethyltrimipramine, Protriptyline, Tranylcypromine, Orphenadrine, Pyrilamine, Meperidine, Normeperidine, Mesoridazine, Thioridazine, Promethazine, Triprolidine on Set 2 (Drug Impaired Driving/DRE Toxicology), Serum/Plasma (Forensic)
54336B GC Confirmati Summary of Changes: Scope of Analysis: Method (CPT Code) State 54336SP GC Confirmati Summary of Changes: Summary of Changes:	on Set 2 (Drug Impaired Driving/DRE Toxicology), Blood (Forensic) Scope of Analysis was changed. Fluphenazine Overdose was removed. GC (82492): Imipramine, Desipramine, Trimipramine, Desmethyltrimipramine, Protriptyline, Tranylcypromine, Orphenadrine, Pyrilamine, Meperidine, Normeperidine, Mesoridazine, Thioridazine, Promethazine, Triprolidine on Set 2 (Drug Impaired Driving/DRE Toxicology), Serum/Plasma (Forensic) Scope of Analysis was changed. Fluphenazine Overdose was removed.
54336B GC Confirmati Summary of Changes: Scope of Analysis: Method (CPT Code) State 54336SP GC Confirmati Summary of Changes: Scope of Analysis: Scope of Analysis: Method (CPT Code)	on Set 2 (Drug Impaired Driving/DRE Toxicology), Blood (Forensic) Scope of Analysis was changed. Fluphenazine Overdose was removed. GC (82492): Imipramine, Desipramine, Trimipramine, Desmethyltrimipramine, Protriptyline, Tranylcypromine, Orphenadrine, Pyrilamine, Meperidine, Normeperidine, Mesoridazine, Thioridazine, Promethazine, Triprolidine on Set 2 (Drug Impaired Driving/DRE Toxicology), Serum/Plasma (Forensic) Scope of Analysis was changed. Fluphenazine Overdose was removed. GC (82492): Imipramine, Desipramine, Trimipramine, Desmethyltrimipramine, Protriptyline, Tranylcypromine, Orphenadrine, Pyrilamine, Meperidine, Normeperidine, Mesoridazine, Thioridazine, Promethazine, Triprolidine
54336BGC ConfirmatiSummary of Changes:Scope of Analysis: Method (CPT Code)54336SPGC ConfirmatiSummary of Changes: Scope of Analysis: Method (CPT Code)Scope of Analysis: Method (CPT Code)54336UGC Confirmati	on Set 2 (Drug Impaired Driving/DRE Toxicology), Blood (Forensic) Scope of Analysis was changed. Fluphenazine Overdose was removed. GC (82492): Imipramine, Desipramine, Trimipramine, Desmethyltrimipramine, Protriptyline, Tranylcypromine, Orphenadrine, Pyrilamine, Meperidine, Normeperidine, Mesoridazine, Thioridazine, Promethazine, Triprolidine on Set 2 (Drug Impaired Driving/DRE Toxicology), Serum/Plasma (Forensic) Scope of Analysis was changed. Fluphenazine Overdose was removed. GC (82492): Imipramine, Desipramine, Trimipramine, Desmethyltrimipramine, Protriptyline, Tranylcypromine, Orphenadrine, Pyrilamine, Meperidine, Normeperidine, Mesoridazine, Thioridazine, Promethazine, Triprolidine Do Set 2 (Drug Impaired Driving/DRE Toxicology), Urine (Forensic)
54336B GC Confirmati Summary of Changes: Scope of Analysis: Method (CPT Code) Stasses 54336SP GC Confirmati Summary of Changes: Scope of Analysis: Scope of Analysis: Method (CPT Code) Scope of Analysis: Method (CPT Code) Stasses GC Confirmati Summary of Changes: Summary of Changes:	on Set 2 (Drug Impaired Driving/DRE Toxicology), Blood (Forensic) Scope of Analysis was changed. Fluphenazine Overdose was removed. GC (82492): Imipramine, Desipramine, Trimipramine, Desmethyltrimipramine, Protriptyline, Tranylcypromine, Orphenadrine, Pyrilamine, Meperidine, Normeperidine, Mesoridazine, Thioridazine, Promethazine, Triprolidine on Set 2 (Drug Impaired Driving/DRE Toxicology), Serum/Plasma (Forensic) Scope of Analysis was changed. Fluphenazine Overdose was removed. GC (82492): Imipramine, Desipramine, Trimipramine, Desmethyltrimipramine, Protriptyline, Tranylcypromine, Orphenadrine, Pyrilamine, Meperidine, Normeperidine, Mesoridazine, Thioridazine, Promethazine, Triprolidine On Set 2 (Drug Impaired Driving/DRE Toxicology), Urine, Meperidine, Normeperidine, Mesoridazine, Thioridazine, Promethazine, Triprolidine on Set 2 (Drug Impaired Driving/DRE Toxicology), Urine (Forensic) Scope of Analysis was changed. Fluphenazine Overdose was removed.



52411B GC Confirmat	ion Set 2, Blood (Forensic)
Summary of Changes:	Scope of Analysis was changed. Fluphenazine Overdose was removed.
Scope of Analysis: Method (CPT Code)	GC (82492): Imipramine, Desipramine, Trimipramine, Desmethyltrimipramine, Protriptyline, Tranylcypromine, Orphenadrine, Pyrilamine, Meperidine, Normeperidine, Mesoridazine, Thioridazine, Promethazine, Triprolidine
52411SP GC Confirmat	ion Set 2, Serum/Plasma (Forensic)
Summary of Changes:	Scope of Analysis was changed. Fluphenazine Overdose was removed.
Scope of Analysis: Method (CPT Code)	GC (82492): Imipramine, Desipramine, Trimipramine, Desmethyltrimipramine, Protriptyline, Tranylcypromine, Orphenadrine, Pyrilamine, Meperidine, Normeperidine, Mesoridazine, Thioridazine, Promethazine, Triprolidine
52411U GC Confirmat	ion Set 2, Urine (Forensic)
Summary of Changes:	Scope of Analysis was changed. Fluphenazine Overdose was removed.
Scope of Analysis: Method (CPT Code)	GC (82492): Imipramine, Desipramine, Trimipramine, Desmethyltrimipramine, Protriptyline, Tranylcypromine, Orphenadrine, Pyrilamine, Meperidine, Normeperidine, Mesoridazine, Thioridazine, Promethazine, Triprolidine
54363B Perphenazine	Confirmation (Drug Impaired Driving/DRE Toxicology), Blood (Forensic)
Summary of Changes:	Specimen Requirements (Specimen Container) were changed. Stability was changed. Reference Comment was changed. Methods/CPT Codes were changed [LC-MS/MS (83789)]
Specimen Requirements:	5 mL Blood
Transport Temperature:	Refrigerated
Specimen Container:	Lavender top tube (EDTA)
Light Protection:	Not Required
Special Handling:	None
Rejection Criteria:	None
Stability:	Room Temperature: 10 day(s) Refrigerated: 30 day(s) Frozen (-20 °C): 30 day(s)
Scope of Analysis: Method (CPT Code)	LU-IVIS/IVIS (83/89): Perphenazine



Test Changes

Compound Name	Units	Reference Comment
Perphenazine	ng/mL	Daily regimen of 12 to 48 mg: 0.3 - 30 ng/mL
		Substance(s) known to interfere with the identity and/or quantity of the reported result: Diclofenac
54363SP Perphenazine	Confirmation (Drug Impaired	Driving/DRE Toxicology), Serum/Plasma (Forensic)
Summary of Changes:	Specimen Requirements were Specimen Requirements (Spe Specimen Requirements (Spe Specimen Requirements (Reje Stability was changed. Reference Comment was char Methods/CPT Codes were char	changed. cimen Container) were changed. cial Handling) were changed. ection Criteria) were changed. nged. anged [LC-MS/MS (83789)]
Specimen Requirements:	2 mL Serum or Plasma	
Transport Temperature:	Refrigerated	
Specimen Container:	Plastic container (preservative	-free)
Light Protection:	Not Required	
Special Handling:	Serum: Collect sample in Red Plasma: Collect sample in Lav Promptly centrifuge and separ using approved guidelines. Received Room Temperature	top tube ender top tube (EDTA) or Pink top tube. ate Serum or Plasma into a plastic screw capped vial
Stability:	Room Temperature: Not Stable Refrigerated: 10 day(s) Frozen (-20 °C): 3 month(s)	e organica ger separation tabe (corr or r or).
Scope of Analysis: Method (CPT Code)	LC-MS/MS (83789): Perphena	Izine
Compound Name	Units	Reference Comment
Perphenazine	ng/mL	Daily regimen of 12 to 48 mg: 0.3 - 30 ng/mL
		Substance(s) known to interfere with the identity and/or quantity of the reported result: Diclofenac
52423B Perphenazine	Confirmation, Blood (Forensi	c)
Summary of Changes:	Specimen Requirements (Spe Stability was changed. Reference Comment was char Methods/CPT Codes were cha	cimen Container) were changed. nged. anged [LC-MS/MS (83789)]



Specimen Requirements:	5 mL Blood	
Transport Temperature:	Refrigerated	
Specimen Container:	Lavender top tube (EDTA)	
Light Protection:	Not Required	
Special Handling:	None	
Rejection Criteria:	None	
Stability:	Room Temperature: 10 day(s) Refrigerated: 30 day(s) Frozen (-20 °C): 30 day(s)	
Scope of Analysis: Method (CPT Code)	LC-MS/MS (83789): Perphena	zine
Compound Name	Units	Reference Comment
Perphenazine	ng/mL	Daily regimen of 12 to 48 mg: 0.3 - 30 ng/mL
		Substance(s) known to interfere with the identity and/or quantity of the reported result: Diclofenac
52423SP Perphenazine	Confirmation, Serum/Plasma	(Forensic)

Summary of Changes:	Specimen Requirements were changed. Specimen Requirements (Specimen Container) were changed. Specimen Requirements (Special Handling) were changed. Specimen Requirements (Rejection Criteria) were changed. Stability was changed. Reference Comment was changed. Methods/CPT Codes were changed II C-MS/MS (83789)]
	Methods/CPT Codes were changed [LC-MS/MS (83789)]

Specimen Requirements:	2 mL Serum or Plasma
Transport Temperature:	Refrigerated
Specimen Container:	Plastic container (preservative-free)
Light Protection:	Not Required
Special Handling:	Serum: Collect sample in Red top tube Plasma: Collect sample in Lavender top tube (EDTA) or Pink top tube. 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: Not Stable Refrigerated: 10 day(s) Frozen (-20 °C): 3 month(s)
Scope of Analysis: Method (CPT Code)	LC-MS/MS (83789): Perphenazine



Compound Name	Units	Reference Comment
Perphenazine	ng/mL	Daily regimen of 12 to 48 mg: 0.3 - 30 ng/mL
		Substance(s) known to interfere with the identity
		and/or quantity of the reported result: Diciofenac
3440B Perphenazine	, Blood	
Summary of Changes:	Specimen Requirements (Spec Stability was changed. Reference Comment was chan Methods/CPT Codes were cha	simen Container) were changed. ged. nged [LC-MS/MS (83789)]
Specimen Requirements:	5 mL Blood	
Transport Temperature:	Refrigerated	
Specimen Container:	Lavender top tube (EDTA)	
Light Protection:	Not Required	
Special Handling:	None	
Rejection Criteria:	None	
Stability:	Room Temperature: 10 day(s) Refrigerated: 30 day(s) Erozen (-20 °C): 30 day(s)	
Scope of Analysis: Method (CPT Code)	LC-MS/MS (83789): Perphena:	zine
Compound Name	Units	Reference Comment
Perphenazine	ng/mL	Daily regimen of 12 to 48 mg: 0.3 - 30 ng/mL
		Substance(s) known to interfere with the identity and/or quantity of the reported result: Diclofenac
3440SP Perphenazine	, Serum/Plasma	
Summary of Changes:	Specimen Requirements (Spec	simen Container) were changed. sial Handling) were changed.

- Specimen Requirements (Rejection Criteria) were changed. Stability was changed. Reference Comment was changed.
 - Methods/CPT Codes were changed [LC-MS/MS (83789)]

Test Updates

Test Changes

Specimen Requirements:	3 mL Serum or Plasma
Transport Temperature:	Refrigerated
Specimen Container:	Plastic container (preservative-free)
Light Protection:	Not Required
Special Handling:	Serum: Collect sample in Red top tube Plasma: Collect sample in Lavender top tube (EDTA) or Pink top tube. 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: Not Stable Refrigerated: 10 day(s) Frozen (-20 °C): 3 month(s)
Scope of Analysis: Method (CPT Code)	LC-MS/MS (83789): Perphenazine

Compound Name	Units	Reference Comment
Perphenazine	ng/mL	Daily regimen of 12 to 48 mg: 0.3 - 30 ng/mL
		Substance(s) known to interfere with the identity

and/or quantity of the reported result: Diclofenac

5545SP Phenothiaz	nes Confirmation, Serum/Plasma
Summary of Change	 Scope of Analysis was changed. Fluphenazine Overdose. Prochlorperazine and Trifluoperazine were removed.
Scope of Analys Method (CPT Cod	 s: GC/MS (80102): Chlorpromazine, Mesoridazine, Methdilazine, Promazine, e) Promethazine, Propiomazine, Thioridazine, Triflupromazine, Trimeprazine
8063U Postmorten	n Toxicology - Basic to Expanded Upgrade, Urine (Forensic)
Summary of Change	 Scope of Analysis was changed. Fluphenazine, Perphenazine, Prochlorperazine and Trifluoperazine were removed.
Scope of Analys Method (CPT Cod	s: e)
8062U Postmorten	n Toxicology - Expanded w/o Alcohol, Urine (Forensic)
Summary of Change	 Scope of Analysis was changed. Fluphenazine, Perphenazine, Prochlorperazine and Trifluoperazine were removed.
Scope of Analys Method (CPT Cod	s: e)



8052U Postmortem T	oxicology - Expanded, Urine (F	Forensic)
Summary of Changes:	Scope of Analysis was changed Fluphenazine, Perphenazine, F removed.	d. Prochlorperazine and Trifluoperazine were
Scope of Analysis: Method (CPT Code)		
3950B Prochlorperaz	ine, Blood	
Summary of Changes:	Specimen Requirements (Spec Stability was changed. Reference Comment was chan Methods/CPT Codes were char	imen Container) were changed. ged. nged [LC-MS/MS (83789)]
Specimen Requirements:	5 mL Blood	
Transport Temperature:	Refrigerated	
Specimen Container:	Lavender top tube (EDTA)	
Light Protection:	Not Required	
Special Handling:	None	
Rejection Criteria:	None	
Stability:	Room Temperature: 10 day(s) Refrigerated: 30 day(s) Frozen (-20 °C): 30 day(s)	
Scope of Analysis: Method (CPT Code)	LC-MS/MS (83789): Prochlorpe	erazine
Compound Name	Units	Reference Comment
Prochlorperazine	ng/mL	Peak plasma concentrations following a single oral dose of 25 mg prochlorperazine averaged 3.4 ng/mL (range 1.6 to 7.6 ng/mL). The blood to plasma ratio for prochlorperazine
		Substance(s) known to interfere with the identity and/or quantity of the reported result: Trimeprazine, Diclofenac
3950SP Prochlorperaz	ine, Serum/Plasma	

Test Updates



Test Changes

Compound Name	Units	Reference Comment
Method (CPT Code)		
Scope of Analysis	Frozen (-20 °C): 3 month(s)	erazine
, , , , , , , , , , , , , , , , , , ,	Refrigerated: 30 day(s)	
Stability:	Room Temperature: Not Stable	
Rejection Criteria:	Plasma: Collect sample in Lave Promptly centrifuge and separa using approved guidelines. Received Room Temperature.	ender top tube (EDTA) or Pink top tube. ate Serum or Plasma into a plastic screw capped vial Polymer gel separation tube (SST or PST).
Special Handling:	Serum: Collect sample in Red	top tube
Light Protection:	Not Required	
Specimen Container:	Plastic container (preservative-	free)
Transport Temperature:	Refrigerated	
Specimen Requirements:	2 mL Serum or Plasma	
Summary of Changes.	Specimen Requirements were Specimen Requirements (Spec Specimen Requirements (Spec Specimen Requirements (Reje Stability was changed. Reference Comment was char Methods/CPT Codes were cha	cianged. cimen Container) were changed. cial Handling) were changed. ction Criteria) were changed. nged. nged [LC-MS/MS (83789)]
Summary of Changes:	Specimen Requirements were	changed

Compound Name	Units	Reference Comment
Prochlorperazine	ng/mL	Peak plasma concentrations following a single oral dose of 25 mg prochlorperazine averaged 3.4 ng/mL (range 1.6 to 7.6 ng/mL). Substance(s) known to interfere with the identity
		and/or quantity of the reported result: Trimeprazine, Diclofenac

4176SP Selegiline and Metabolites, Serum/Plasma

Summary of Changes: Specimen Requirements (Special Handling) were changed.

Specimen Requirements:	1 mL Serum or Plasma
Transport Temperature:	Refrigerated
Specimen Container:	Plastic container (preservative-free)
Light Protection:	Not Required
Special Handling:	Serum: Collect sample in Red top tube Plasma: Collect sample in Lavender top tube (EDTA) or Pink top tube. 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).



7671SP	Steroids Panel	l, Serum/Plasma (CSA)	
Sumn	nary of Changes:	Specimen Requirements (Specimen Container) were changed. Reference Comment was changed.	
Sumn Specime Transp Spec S F S Me Compoun Cortisol	nary of Changes: In Requirements: Fort Temperature: cimen Container: Light Protection: Special Handling: Rejection Criteria: cope of Analysis: thod (CPT Code) Ind Name	Specimen Requirements (Spec Reference Comment was char 1 mL Serum or Plasma Refrigerated Green top tube (Sodium Hepar (Lithium Heparin), Pink top tub Red top tube (no additive) Not Required Promptly centrifuge and separ using approved guidelines. None LC-MS/MS (83789): Cortisol, I Sulfate, 11-Deoxycortisol, Andr LC-MS/MS (83789): Testostero Units mcg/dL	cimen Container) were changed. nged. trin), Lavender top tube (EDTA), Light Green top tube e (EDTA), Polymer gel separation tube (SST or PST), ate Serum or Plasma into a plastic screw capped vial Dehydroepiandrosterone, Dehydroepiandrosterone rostenedione, 17-Hydroxyprogesterone, Progesterone one, Total Reference Comment Reference intervals for patients: Age 18 years and above: 5.0 - 23.0 mcg/dL (8 am). 8 pm value is less than 50% of 8 am value for Cortisol. Reference intervals for pediatric patients: Premature infants (31-35 weeks): Less than 15.1 mcg/dL Term infants (age 0-3 days): Less than 14.1 mcg/dL Age 4 days - 1 year: Primary data not available Age 1-17 years: 2.0-17.0 mcg/dL (AM) ACTH stimulation reference intervals: Age 1-12 months: Baseline: 3.0-23.0 mcg/dL 60 minutes stimulation: 32.0-60.0 mcg/dL Age 6-12 years: Baseline: 3.0-15.0 mcg/dL 60 minutes stimulation: 17.0-28.0 mcg/dL
			Tanner stages II-III Males: Baseline: 4.0-13.0 mcg/dL 60 minutes stimulation: 15.0-45.0 mcg/dL Females:



Test Changes

Compound Name	Units	Reference Comment
		Baseline: 4.0-16.0 mcg/dL 60 minutes stimulation: 16.0-32.0 mcg/dL
		Tanner stages IV-V Males: Baseline: 5.0-15.0 mcg/dL 60 minutes stimulation: 18.0-27.0 mcg/dL Females: Baseline: 6.0-15.0 mcg/dL 60 minutes stimulation: 18.0-35.0 mcg/dL
4660B Trifluoperazine	e, Blood	
Summary of Changes:	Specimen Requirements (Spec Stability was changed. Reference Comment was chan Methods/CPT Codes were char	imen Container) were changed. ged. nged [LC-MS/MS (83789)]
Specimen Requirements:	5 mL Blood	
Transport Temperature:	Refrigerated	
Specimen Container:	Lavender top tube (EDTA)	
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)	
Scope of Analysis: Method (CPT Code)	LC-MS/MS (83789): Trifluopera	izine
Compound Name	Units	Reference Comment
Trifluoperazine	ng/mL	Peak plasma concentrations ranging from 0.9 - 4.0 ng/mL were reported three to six hours following a single 20 mg oral dose.
		The blood to plasma ratio of trifluoperazine is not known.
		Substance(s) known to interfere with the identity and/or quantity of the reported result: Trimeprazine, Diclofenac
4660SP Trifluoperazine	e, Serum/Plasma	

Test Updates



Test Changes

Summary of Changes:	Specimen Requirements were Specimen Requirements (Spe Specimen Requirements (Spe Specimen Requirements (Reje Stability was changed. Reference Comment was char Methods/CPT Codes were char	changed. cimen Container) were changed. cial Handling) were changed. ction Criteria) were changed. nged. nged [LC-MS/MS (83789)]
Specimen Requirements:	2 mL Serum or Plasma	
Transport Temperature:	Refrigerated	
Specimen Container:	Plastic container (preservative	-free)
Light Protection:	Not Required	
Special Handling:	Serum: Collect sample in Red Plasma: Collect sample in Lav Promptly centrifuge and separ using approved guidelines.	top tube ender top tube (EDTA) or Pink top tube. ate Serum or Plasma into a plastic screw capped vial
Rejection Criteria:	Received Room Temperature.	Polymer gel separation tube (SST or PST).
Stability:	Room Temperature: 1 day(s) Refrigerated: 30 day(s) Frozen (-20 °C): 3 month(s)	
Scope of Analysis: Method (CPT Code)	LC-MS/MS (83789): Trifluoper	azine
	11-24-	

Compound Name	Units	Reference Comment
Trifluoperazine	ng/mL	Peak plasma concentrations ranging from 0.9 - 4.0 ng/mL were reported three to six hours following a single 20 mg oral dose.
		Substance(s) known to interfere with the identity and/or quantity of the reported result: Trimeprazine, Diclofenac

7628SP Vitamin D, 25-Hydroxy (D2 and D3), Serum/Plasma

Summary of Changes:	Scope of Analysis was changed. 25-Hydroxyvitamin Total was renamed to 25-Hydroxyvitamin D Total
Scope of Analysis:	LC-MS/MS (82306): 25-Hydroxyvitamin D2, 25-Hydroxyvitamin D3, 25-
Method (CPT Code)	Hydroxyvitamin D Total



Discontinued Tests

Test Code	Test Name	Alternative Test
8215B	Amphetamines Panel, Blood (Forensic)	0337B - Amphetamines Screen, Blood
0408B	Antihistamines Panel, Blood	1866B - GC/MS Drug Screen, Blood (Forensic)
0408SP	Antihistamines Panel, Serum/Plasma	1866SP - GC/MS Drug Screen, Serum/Plasma
		(Forensic)
0408U	Antihistamines Panel, Urine	1866U - GC/MS Drug Screen, Urine (Forensic)
9108SP	Antihistamines Screen, Serum/Plasma	1866SP - GC/MS Drug Screen, Serum/Plasma
		(Forensic)
9108U	Antihistamines Screen, Urine	1866U - GC/MS Drug Screen, Urine (Forensic)
8224B	Barbiturates Panel, Blood (Forensic)	0512B - Barbiturates Screen, Blood
8227B	Benzodiazepines, Blood (Forensic)	0568B - Benzodiazepines Screen, Blood
8272B	Cannabinoids Panel, Blood (Forensic)	9356B - Cannabinoids Screen, Blood
8264B	Cocaine and Metabolites, Blood (Forensic)	0606B - Cocaine and Metabolites Screen,
		Blood
7657U	Cortisone Metabolites Panel, Urine (Research	No Alternate Tests Available
	Use Only-RUO)	
9421B	Fluphenazine Screen, Blood	2110B - Fluphenazine, Blood
9421SP	Fluphenazine Screen, Serum/Plasma	2115SP - Fluphenazine, Serum/Plasma
9421U	Fluphenazine Screen, Urine	No Alternate Tests Available
8682B	Fluphenazine, Blood	2110B - Fluphenazine, Blood
8682SP	Fluphenazine, Serum/Plasma	2115SP - Fluphenazine, Serum/Plasma
2110U	Fluphenazine, Urine	No Alternate Tests Available
8682U	Fluphenazine, Urine	No Alternate Tests Available
8348B	Methadone and Metabolite, Blood (Forensic)	9324B - Methadone Screen, Blood
9293FL	Methylenedioxymethamphetamine and	2585FL - Methylenedioxymethamphetamine
	Metabolite Screen, Fluid	and Metabolite, Fluid
9227B	Perphenazine Screen, Blood	3440B - Perphenazine, Blood
9227SP	Perphenazine Screen, Serum/Plasma	3440SP - Perphenazine, Serum/Plasma
92270	Perphenazine Screen, Urine	No Alternate Tests Available
34400	Perphenazine, Urine	No Alternate Tests Available
3533B	Phencycliaine, Blood (Forensic)	3532B - Phencycliaine Screen, Blood
8080B	Phenothiazines Panel, Blood	1866B - GC/MS Drug Screen, Blood (Forensic)
80805P	Phenothiazines Panel, Serum/Plasma	(Forencia)
969011	Dhanathiazinga Danal Uring	(FOIEIISIC) Ne Alternate Teste Available
00000	Phenothiazines Panel, Onne Depathiazines Sereen, Serum/Diseme	1866SD CC/MS Drug Screen Sorum/Diseme
94203P	Phenotinazines Screen, Serum/Plasma	(Ecropoio)
042011	Phonothiazinos Scroon Urino	1866LL CC/MS Drug Scroop Uripo (Ecropsic)
94200 9695D	Prochlarporazina, Plaad	3050R Prochlorporazing Blood
8685SP	Prochlorperazine, Serum/Plasma	3950SP - Prochlorperazine, Serum/Plasma
395011	Prochlornerazine, Ulrine	No Alternate Tests Available
0426B	Promethazine Screen Blood	3970B - Promethazine Blood
9426SP	Promethazine Screen, Serum/Plasma	3970SP - Promethazine, Serum/Plasma
9426TI	Promethazine Screen, Tissue	No Alternate Tests Available
942611	Promethazine Screen Urine	397011 - Promethazine Ulrine
8687B	Promethazine, Blood	3970B - Promethazine, Blood
8687SP	Promethazine, Serum/Plasma	3970SP - Promethazine, Serum/Plasma
4541SP	Triavil®, Serum/Plasma	No Alternate Tests Available
8690B	Trifluoperazine, Blood (Forensic)	4660B - Trifluoperazine, Blood
8690SP	Trifluoperazine, Serum/Plasma (Forensic)	4660SP - Trifluoperazine, Serum/Plasma
4660U	Trifluoperazine, Urine	No Alternate Tests Available
8690U	Trifluoperazine, Urine (Forensic)	No Alternate Tests Available



Discontinued Tests

Test Code	Test Name	Alternative Test
9498U	Zolpidem Screen, Urine	2478U - Zolpidem and Metabolites, Urine