Effective Date:

Monday, September 08, 2014

Test Updates

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.

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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)								•
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								•

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)					•			
54337SP	GC Confirmation Set 1 (Drug Impaired 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)					•			
52410SP	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)					•			
54336SP	GC Confirmation Set 2 (Drug Impaired 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)		•	•	•			•	
54363SP	Perphenazine Confirmation (Drug Impaired Driving/DRE Toxicology), Serum/Plasma (Forensic)		•	•	•			•	
52423B	Perphenazine Confirmation, Blood (Forensic)		•	•	•			•	
52423SP	Perphenazine Confirmation, Serum/Plasma (Forensic)		•	•	•			•	

Test Updates

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 Updates

Test Code	Test Name	Test Name	Method / CPT Code	Specimen Req.	Stability	Scope	Units	Reference Comments	Discontinue
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					•			
9498U	Zolpidem Screen, Urine								•

Test Updates

Test Changes

7641SP Adrenal Insufficiency Panel, Serum/Plasma

Summary of Changes:	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:	Received Room Temperature.
Scope of Analysis:	LC-MS/MS (82088): Aldosterone
Method (CPT Code)	LC-MS/MS (83789): Dehydroepiandrosterone, Cortisol, 11-Deoxycortisol

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

Test Updates

Test Changes

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 and Metabolite, Blood

Summary of Changes:	Specimen Requirements (Specimen Container) were changed. Scope of Analysis was changed. Order of Reporting was changed.
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, Allopurinol

0213SP Allopurinol and Metabolite, Serum/Plasma

Summary of Changes:	Specimen Requirements (Specimen Container) were changed. Specimen Requirements (Special Handling) were changed. Scope of Analysis was changed. Order of Reporting was changed.
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:	Polymer gel separation tube (SST or PST).
Scope of Analysis: Method (CPT Code)	HPLC (82492): Oxypurinol, Allopurinol

Test Updates

Test Changes

0329B Amphetamines (D/L Ratio), Blood

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

Specimen Requirements:	3 mL Blood
Transport Temperature:	Refrigerated
Specimen Container:	Gray top tube (Sodium Fluoride / Potassium Oxalate)
Light Protection:	Not Required
Special Handling:	None
Rejection Criteria:	None
Stability:	Room Temperature: 30 day(s) Refrigerated: 30 day(s) Frozen (-20 °C): 1 month(s)

0329SP Amphetamines (D/L Ratio), Serum/Plasma

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

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:	Polymer gel separation tube (SST or PST).
Stability:	Room Temperature: 30 day(s) Refrigerated: 30 day(s) Frozen (-20 °C): 30 day(s)

5684SP Amphetamines Confirmation, Serum/Plasma

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

Test Updates

Test Changes

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).

0474SP Asenapine, Serum/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 Updates

Test Changes

Specimen Requirements: 3 mL Urine
Transport Temperature: Refrigerated
Specimen Container: Plastic container (preservative-free)
Light Protection: Not Required
Special Handling: None
Rejection Criteria: None

1080U Chlordiazepoxide and Metabolite, Urine

Summary of Changes: Specimen Requirements (Specimen 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: Received Room Temperature.

7644SP Congenital Adrenal Hyperplasia (CAH) Panel, Serum/Plasma

Summary of Changes: 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: Received Room Temperature.
Scope of Analysis: Method (CPT Code): LC-MS/MS (82533): Cortisol, 17-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 Updates

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

7625SP Cortisol, Serum/Plasma

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

Test Updates

Test Changes

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

Test Updates

Test Changes

Compound 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, Serum/Plasma

Summary 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 Expanded Drug Screen Add-On, Urine (Forensic)

Summary of Changes:	Scope of Analysis was changed. Fluphenazine, Perphenazine, Prochlorperazine and Trifluoperazine were removed.
Scope of Analysis: Method (CPT Code)	

1876U Drug Screen, Expanded, Urine

Summary of Changes:	Scope of Analysis was changed. Fluphenazine, Perphenazine, Prochlorperazine and Trifluoperazine were removed.
Scope of Analysis: Method (CPT Code)	

2110B Fluphenazine, Blood

Summary of Changes:	Specimen Requirements were changed. Specimen Requirements (Specimen Container) were changed. Stability was changed. Reference Comment was changed. Methods/CPT Codes were changed [LC-MS/MS (83789)]
Specimen Requirements:	3 mL Blood
Transport Temperature:	Refrigerated
Specimen Container:	Lavender top tube (EDTA)
Light Protection:	Not Required
Special Handling:	None
Rejection 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: Method (CPT Code): LC-MS/MS (83789): Fluphenazine

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 Confirmation Set 1 (Drug Impaired Driving/DRE Toxicology), Blood (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

54337SP GC Confirmation Set 1 (Drug Impaired Driving/DRE Toxicology), 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

54337U GC Confirmation Set 1 (Drug Impaired Driving/DRE Toxicology), 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

52410B GC Confirmation Set 1, Blood (Forensic)

Test Updates

Test Changes

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 Confirmation 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 Confirmation 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 Confirmation Set 2 (Drug Impaired Driving/DRE Toxicology), 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

54336SP GC Confirmation Set 2 (Drug Impaired Driving/DRE Toxicology), 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

54336U GC Confirmation Set 2 (Drug Impaired Driving/DRE Toxicology), 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

Test Updates

Test Changes

52411B GC Confirmation 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 Confirmation 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 Confirmation 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)	LC-MS/MS (83789): Perphenazine

Test Updates

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 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 [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: LC-MS/MS (83789): Perphenazine
Method (CPT Code)

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 (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)]

Test Updates

Test Changes

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): 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

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 [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

Test Updates

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

3440B Perphenazine, Blood

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): 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

3440SP Perphenazine, Serum/Plasma

Summary of Changes:
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 [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 Phenothiazines Confirmation, Serum/Plasma

Summary of Changes:	Scope of Analysis was changed. Fluphenazine Overdose. Prochlorperazine and Trifluoperazine were removed.
Scope of Analysis: Method (CPT Code)	GC/MS (80102): Chlorpromazine, Mesoridazine, Methdilazine, Promazine, Promethazine, Propiomazine, Thioridazine, Triflupromazine, Trimeprazine

8063U Postmortem Toxicology - Basic to Expanded Upgrade, Urine (Forensic)

Summary of Changes:	Scope of Analysis was changed. Fluphenazine, Perphenazine, Prochlorperazine and Trifluoperazine were removed.
Scope of Analysis: Method (CPT Code)	

8062U Postmortem Toxicology - Expanded w/o Alcohol, Urine (Forensic)

Summary of Changes:	Scope of Analysis was changed. Fluphenazine, Perphenazine, Prochlorperazine and Trifluoperazine were removed.
Scope of Analysis: Method (CPT Code)	

Test Updates

Test Changes

8052U Postmortem Toxicology - Expanded, Urine (Forensic)

Summary of Changes:	Scope of Analysis was changed. Fluphenazine, Perphenazine, Prochlorperazine and Trifluoperazine were removed.
Scope of Analysis: Method (CPT Code)	

3950B Prochlorperazine, Blood

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)	LC-MS/MS (83789): Prochlorperazine

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 is not known. Substance(s) known to interfere with the identity and/or quantity of the reported result: Trimeprazine, Diclofenac

3950SP Prochlorperazine, Serum/Plasma

Test Changes

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 [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: 30 day(s)
Frozen (-20 °C): 3 month(s)
Scope of Analysis: Method (CPT Code) LC-MS/MS (83789): Prochlorperazine

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).

Test Updates

Test Changes

7671SP Steroids Panel, Serum/Plasma (CSA)

Summary of Changes:	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 (83789): Cortisol, Dehydroepiandrosterone, Dehydroepiandrosterone Sulfate, 11-Deoxycortisol, Androstenedione, 17-Hydroxyprogesterone, Progesterone LC-MS/MS (83789): Testosterone, Total

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:

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, Blood

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

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, Serum/Plasma

Test Updates

Test Changes

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 [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: 1 day(s) Refrigerated: 30 day(s) Frozen (-20 °C): 3 month(s)
Scope of Analysis: Method (CPT Code)	LC-MS/MS (83789): Trifluoperazine

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: Method (CPT Code)	LC-MS/MS (82306): 25-Hydroxyvitamin D2, 25-Hydroxyvitamin D3, 25-Hydroxyvitamin D Total

Test Updates

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 Use Only-RUO)	No Alternate Tests Available
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 Metabolite Screen, Fluid	2585FL - Methylenedioxymethamphetamine and Metabolite, Fluid
9227B	Perphenazine Screen, Blood	3440B - Perphenazine, Blood
9227SP	Perphenazine Screen, Serum/Plasma	3440SP - Perphenazine, Serum/Plasma
9227U	Perphenazine Screen, Urine	No Alternate Tests Available
3440U	Perphenazine, Urine	No Alternate Tests Available
3533B	Phencyclidine, Blood (Forensic)	3532B - Phencyclidine Screen, Blood
8680B	Phenothiazines Panel, Blood	1866B - GC/MS Drug Screen, Blood (Forensic)
8680SP	Phenothiazines Panel, Serum/Plasma	1866SP - GC/MS Drug Screen, Serum/Plasma (Forensic)
8680U	Phenothiazines Panel, Urine	No Alternate Tests Available
9420SP	Phenothiazines Screen, Serum/Plasma	1866SP - GC/MS Drug Screen, Serum/Plasma (Forensic)
9420U	Phenothiazines Screen, Urine	1866U - GC/MS Drug Screen, Urine (Forensic)
8685B	Prochlorperazine, Blood	3950B - Prochlorperazine, Blood
8685SP	Prochlorperazine, Serum/Plasma	3950SP - Prochlorperazine, Serum/Plasma
3950U	Prochlorperazine, Urine	No Alternate Tests Available
9426B	Promethazine Screen, Blood	3970B - Promethazine, Blood
9426SP	Promethazine Screen, Serum/Plasma	3970SP - Promethazine, Serum/Plasma
9426TI	Promethazine Screen, Tissue	No Alternate Tests Available
9426U	Promethazine Screen, Urine	3970U - Promethazine, Urine
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

Test Updates

Discontinued Tests

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