

**Overview****Method Name**

Gas Chromatography/Mass Spectrometry (GC/MS)

**NY State Available**

Yes

**Specimen****Specimen Type**

Varies

**Specimen Required**

Submit only 1 of the following specimens:

**Plasma**

Draw blood in a green-top (sodium heparin) tube(s), plasma gel tube is not acceptable. Spin down and send 5 mL sodium heparin plasma refrigerated in a plastic vial.

**Serum**

Draw blood in a plain red-top tube(s), serum gel tube is not acceptable. Spin down and send 5 mL of serum refrigerated in a plastic vial.

**Specimen Minimum Volume**

2 mL

**Reject Due To**

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	14 days	
	Frozen	180 days	

**Clinical & Interpretive****Reference Values**

Reference Range: 10 – 100 ng/mL

**Performance****PDF Report**

No

**Day(s) Performed**

Monday through Sunday

**Report Available**

5 to 9 days

**Performing Laboratory Location**

Medtox Laboratories, Inc.

**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**CPT Code Information**

80324

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FDXAP	Dextroamphetamine	9814-5

Result ID	Test Result Name	Result LOINC® Value
Z3319	Dextroamphetamine	9814-5