

**Amikacin**


Order Name: **AMIKACIN**  
Test Number: 4000645  
Revision Date: 04/29/2024

TEST NAME	METHODOLOGY	LOINC CODE
Amikacin	Immunoassay (IA) .....	

**SPECIMEN REQUIREMENTS**

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	4 mL (1mL)	Serum	Clot Activator (Red Top, No-Gel)	Refrigerated
Instructions	<p><b>Notes:</b> 1 mL (Note: This volume Does NOT allow for repeat testing.)</p> <p><b>Specimen Type:</b> Red-top tube or green-top (heparin) tube. DO NOT USE A GEL-BARRIER TUBE. The use of gel-barrier tubes is not recommended due to slow absorption of the drug by the gel. Depending on the specimen volume and storage time, the decrease in drug level due to absorption may be clinically significant.</p> <p><b>Specimen Storage:</b> Room temperature</p> <p><b>Specimen Collection:</b> Both peak and trough concentrations should be monitored. The trough sample is drawn immediately prior to the next dose. Peak samples should be drawn 60 minutes after an I.M. injection, 30 minutes after the end of a 30-minute I.V. infusion or immediately after a 60-minute I.V. infusion. Transfer separated serum or plasma to a plastic transfer tube.</p> <p><b>Special Instructions:</b> Peak and trough levels may be ordered together as a profile on the same requisition using test #717330. Please label tubes appropriately as "PEAK" or "TROUGH". "Peak" levels should be ordered using #007204. "Trough" levels should be ordered using #007205.</p> <p><b>Specimen Stability:</b> Ambient: Not Available, Refrigerated : Not Available, Frozen: Not Available</p>			

**GENERAL INFORMATION**

Expected TAT	N/A
Notes	Sent to Saint Francis Hospital Lab
CPT Code(s)	80150
Service Provided By	 <b>labcorp</b> Oklahoma, Inc.