

Primidone (Mysoline) Level

Order Name: PRIMID REF
Test Number: 4008230
Revision Date: 12/12/2022

TEST NAME		METHO	DDOLOGY	LOINC CODE	
Primidone (Mysoline) Level		lmmun	oassay (IA)	3978-4	
SPECIMEN REQUIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	1mL (0.3 mL)	Serum	Clot Activator (Red Top, No-Gel)	Room Temperature	
Alternate 1	1mL (0.3 mL)	Plasma	Sodium Heparin (Green Top / No-Gel)	Room Temperature	
Instructions	Specimen Type: 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.  Specimen Storage: Room Temperature  Specimen Collection: Transfer separated serum or plasma to a plastic transport tube. Collect specimen immediately prior to next dose.  Specimen Stability: Ambient: 14 days, Refrigerated: 14 days, Frozen: 14 days				

GENERAL INFORMATION		
Expected TAT	2-3 Days	
Notes	Labcorp Test Code: 007856	
CPT Code(s)	80188	
Service Provided By	labcorp Oklahoma, Inc.	