


**Primidone (Mysoline) Level**

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

TEST NAME	METHODOLOGY	LOINC CODE
Primidone (Mysoline) Level	Immunoassay (IA)	3978-4

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (mL)	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	<p><b>Specimen Type:</b> Red-top tube OR green-top (heparin) tube. <b>DO NOT USE A GEL-BARRIER TUBE.</b> 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> Transfer separated serum or plasma to a plastic transport tube. Collect specimen immediately prior to next dose.</p> <p><b>Specimen Stability:</b> Ambient: 14 days, Refrigerated : 14 days, Frozen: 14 days</p>			

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