## St. John Health System Lab Catalog

## Voriconazole, Quantitation Serum/Plasma

Causes for Rejection: Gel-barrier tube

Order Name: Voriconazole LvI

Test Number: 6900577
Revision Date: 12/12/2022

TEST NAME			METHODOLOGY	LOINC CODE	
Voriconazole, Quantitation Serum/Plasma			Liquid Chromatography/Tandem Mass Spectrom	etry 38370-3	
SPECIMEN REQUIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	1 mL (0.5 mL)	Serum	Clot Activator (Red Top, No-Gel)	Refrigerated	
Alternate 1	1 mL (0.5 mL)	Plasma	EDTA (Lavender Top)	Refrigerated	
Instructions	Specimen Type: Red-top tube OR lavender-top (EDTA) tube  Specimen Collection: Transfer separated serum or plasma to a plastic transport 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 times, the decrease in drug level due to absorption may be clinically significant.  Specimen Storage / Stability: Refrigerate Stability: Room temperature up to 14 days Refrigerate up to 14 days Frozen up to 14 days.				

GENERAL INFORMATION	
Expected TAT	3 - 7 days the next day.
CPT Code(s)	80285
Service Provided By	labcorp Oklahoma, Inc.