Drug Screen 10 Panel, Serum
Reflex to Quant Confirmation

Order Name: **Drug Screen 10**
Test Number: 6980101
Revision Date: 01/06/2023

TEST NAME	METHODOLOGY	LOINC CODE
Drug Screen 10 Panel, Serum Reflex to Quant Confirmation	Immunoassay (IA)	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**7 mL (3 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**

Instructions	
	Specimen Type: Red-top (no additive) tube; tubes with separator gels should not be used
	Specimen Storage: Room Temperature. For storage beyond 3 days, specimen should be refrigerated or frozen.
	Specimen Collection: Serum should be separated from cells within two hours of venipuncture. Submit serum in a plastic transport tube.
	Special Instructions: Testing referred to MEDTOX Laboratories Inc TC 700841 If reflex test is performed, additional charges/CPT code(s) will apply.

GENERAL INFORMATION

Expected TAT	3-10 days
Clinical Use	Monitor patient compliance. For medical purposes only; not valid for forensic use.
CPT Code(s)	80307, if positive, add appropriate CPT code(s): 80324; 80359; 80345; 80346; 80349; 80353; 80358; 80361; 80365; 80348; 83992 (Alt code: if positive, add appropriate CPT code(s): G0480)
Service Provided By	labcorp Oklahoma, Inc.