

St. John Health System Lab Catalog

ToxAssure Flex 23, Urine

Order Name: **TA Flex 23 UR** Test Number: **5195609** Revision Date: **03/31/2025** 

		METHODOLOGY	LOINC CODE
ToxAssure Flex 23, Urine		Immunoassay (IA)	
REMENTS			
Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
30 mL (3 mL)	Urine, Random	Sterile Urine Container Preservative Free	Room Temperature
Cause for Rejection: Insufficie SUBMISSION/TRANSPORT (	nt volume, no ID on container, u (<3 days): Room Temperature. F	ine from preservative tube. or storage beyond three days, specimen st	•
	REMENTS Specimen Volume (min) 30 mL (3 mL) Specimen: 30mL(3mL) Rando Cause for Rejection: Insufficie SUBMISSION/TRANSPORT (	Urine   REMENTS   Specimen Volume (min) Specimen Type   30 mL (3 mL) Urine, Random   Specimen: 30mL(3mL) Random Urine Preservative free Urine To Cause for Rejection: Insufficient volume, no ID on container, ur SUBMISSION/TRANSPORT (<3 days): Room Temperature. For the second	REMENTS   Specimen Volume (min) Specimen Type Specimen Container   30 mL (3 mL) Urine, Random Sterile Urine Container

GENERAL INFORMATION	
Expected TAT	5-8 days
CPT Code(s)	80362, 80348, 80368, 80347, 80357, 80354, 80307
Service Provided By	Oklahoma, Inc.