


Methadone Confirmation, Ur

Order Name: **Methadone Confirm UR**
Test Number: 5195596
Revision Date: 01/09/2024

TEST NAME	METHODOLOGY	LOINC CODE
Methadone Confirmation, Ur	<u>Liquid Chromatography/Tandem Mass Spectrometry</u>	

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	30 mL (15 mL)	Urine, Random	Sterile Urine Container Preservative Free	Room Temperature
Instructions	Specimen: 30mL(15mL) Random Urine Preservative free Urine Transport tube Room Temperature or Refrigerated. Cause for Rejection: Insufficient volume, no ID on container, urine from preservative tube. SUBMISSION/TRANSPORT (<3 days): Room Temperature. For storage beyond three days, specimen should be refrigerated or frozen. Stability: Room Temperature 14 days, Refrigerated 14 days, Frozen 6 weeks.			

GENERAL INFORMATION	
Expected TAT	5-8 days
CPT Code(s)	80358
Service Provided By	 labcorp Oklahoma, Inc.