


**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><br>Oklahoma, Inc. |