Caffeine Level

Order Name: **CAFFEINE**
Test Number: 4001300
Revision Date: 12/12/2022

TEST NAME	METHODOLOGY	LOINC CODE
Caffeine Level	Liquid Chromatography/Tandem Mass Spectrometry	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.3 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Room Temperature**
Alternate 1	**1 mL (0.3 mL)**	**Plasma**	**Lithium Heparin (Dark Green Top / No-Gel)**	**Room Temperature**
Alternate 2	**1 mL (0.3 mL)**	**Plasma**	**Sodium Heparin (Green Top, No-Gel)**	**Room Temperature**

Instructions

Notes: 0.3 mL (Note: This volume Does NOT allow for repeat testing).
Specimen Type: Red-top tube, lavender-top (EDTA) tube OR green-top (heparin) 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 time, the decrease in drug level due to absorption may be clinically significant.
Specimen Storage: Room Temperature
Specimen Collection: Transfer separated serum or plasma to a plastic transport tube.
Specimen Stability: Ambient: 14 days, Refrigerated : 14 days, Frozen: 14 days

GENERAL INFORMATION

Expected TAT	2 - 3 days working day.
Notes	Reference Lab: Saint Francis Hospital Laboratory
CPT Code(s)	80155
Service Provided By	labcorp Oklahoma, Inc.