

Drug Screen 9 Panel, Whole Blood Reflex to Quant Confirmation

Order Name: **Drug Screen 9**
Test Number: **5196941**
Revision Date: **11/02/2024**

TEST NAME	METHODOLOGY	LOINC CODE
Drug Screen 9 Panel, Whole Blood Reflex to Quant Confirmation	Immunoassay (IA)	

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	7mL (3mL)	Whole Blood	Gray (sodium fluoride/potassium oxalate)	Refrigerated
Alternate 1	7mL (3mL)	Whole Blood	Sodium Heparin (Green Top, No-Gel)	Refrigerated
Alternate 2	7mL (3mL)	Whole Blood	EDTA (Lavender Top)	Refrigerated
Instructions	Specimen Type: Gray-top (sodium fluoride/potassium oxalate) tube, green-top (heparin) tube, OR lavender-top (EDTA) tube.? Specimen Storage: Room Temperature. For storage beyond 3 days, specimen should be refrigerated or frozen. Specimen Collection: Whole Blood Special Instructions: Testing referred to MEDTOX Laboratories Inc TC 7008891 If reflex test is performed, additional charges/CPT code(s) will apply.			

GENERAL INFORMATION	
Expected TAT	4-10 days
CPT Code(s)	80307, if positive additional appropriate CPT codes added. 80320,80324,80359,80345,80347,83992,90349,90361,80356,80365,80353
Service Provided By	 labcorp Oklahoma, Inc.