

## Update Notes

This update contains minor changes with no set due date. Please make changes as your time permits.

## Update Summary

Update Existing Test	<a href="#">ACETA - "Acetaminophen"</a>
Update Existing Test	<a href="#">AMIOD - "Amiodarone (Cordarone)"</a>
Update Existing Test	<a href="#">AMITR - "Amitriptyline (Elavil, Pamelor)"</a>
Update Existing Test	<a href="#">AMLEO - "Forensic Urine Amleo Panel with Confirmation"</a>
Update Existing Test	<a href="#">CARBF - "Carbamazepine, Free"</a>
Update Existing Test	<a href="#">CARBT - "Carbamazepine, Total"</a>
Update Existing Test	<a href="#">CD03A - "Drug Abuse Screen, Urine 3 Panel Screen"</a>
Update Existing Test	<a href="#">CD03C - "Clinical Urine Drug Abuse Screen 3C With Confirmation"</a>
Update Existing Test	<a href="#">CD05A - "Clin Urine Drug Abuse Scrn 5A"</a>
Update Existing Test	<a href="#">CD05C - "Clinical Urine Drug Abuse Screen 5C"</a>
Update Existing Test	<a href="#">CD08A - "Clinical Urine Drug Abuse Scrn 8A"</a>
Update Existing Test	<a href="#">CD08C - "Clinical Drug Abuse Screen 8C With Confirmation"</a>
Update Existing Test	<a href="#">CD09A - "Clin Urine Drug Abuse Scrn 9A"</a>
Update Existing Test	<a href="#">CD09C - "Clinical Urine Drug Abuse Screen 9C With Confirmation"</a>
Update Existing Test	<a href="#">CD10A - "Clin Urine Drug Abuse Scrn 10A"</a>
Update Existing Test	<a href="#">CD10C - "Clinical Urine Drug Abuse Screen 10C With Confirmation"</a>
Update Existing Test	<a href="#">CLONA - "Clonazepam (Klonopin)"</a>
Update Existing Test	<a href="#">CODEI - "Codeine, Serum"</a>
Update Existing Test	<a href="#">CT08C - "Clinical Urine Drug Abuse Screen 8C With Confirmation"</a>
Update Existing Test	<a href="#">CT09C - "Clinical Urine Drug Abuse Screen 9C With Confirmation"</a>
Update Existing Test	<a href="#">CT10C - "Clinical Urine Drug Abuse Screen 10C With Confirmation"</a>
Update Existing Test	<a href="#">DESPR - "Desipramine (Norpramin)"</a>
Update Existing Test	<a href="#">DIAZE - "Diazepam (Valium)"</a>
Update Existing Test	<a href="#">DOXEP - "Doxepin (Sinequan)"</a>
Update Existing Test	<a href="#">ETHSX - "Ethosuximide"</a>
Update Existing Test	<a href="#">ETOHF - "Ethanol, Blood, Forensic"</a>
Update Existing Test	<a href="#">FELBA - "Felbamate (Felbatol)"</a>
Update Existing Test	<a href="#">FLUOX - "Fluoxetine (Prozac)"</a>
Update Existing Test	<a href="#">FLURZ - "Flurazepam (Dalmane)"</a>
Update Existing Test	<a href="#">FT05C - "Forensic Urine Drug Abuse Screen 5 with Confirmation"</a>
Update Existing Test	<a href="#">FT07C - "Forensic Urine Drug Abuse Screen 7 with Confirmation"</a>
Update Existing Test	<a href="#">FT08C - "Forensic Urine Drug Abuse Screen 8 with Confirmation"</a>
Update Existing Test	<a href="#">FT09C - "Forensic Urine Drug Abuse Screen 9 with Confirmation"</a>

Update Existing Test	<a href="#">FT10C - "Forensic Urine Drug Abuse Screen 10 with Confirmation"</a>
Update Existing Test	<a href="#">FT11C - "Forensic Urine Drug Abuse Screen 11 with Confirmation"</a>
Update Existing Test	<a href="#">FT15C - "Forensic Urine Drug Abuse Scrn 15 w/conf"</a>
Update Existing Test	<a href="#">FT16C - "Forensic Urine Drug Abuse Screen 16 with Confirmation"</a>
Update Existing Test	<a href="#">HCODS - "Hydrocodone, Serum (Vicodin)"</a>
Update Existing Test	<a href="#">HYDMS - "Hydromorphone (Dilaudid)"</a>
Update Existing Test	<a href="#">IMIPR - "Imipramine (Tofranil)"</a>
Update Existing Test	<a href="#">LORAZ - "Lorazepam (Ativan)"</a>
Update Existing Test	<a href="#">LORCE - "Lorcet, Serum (Hydrocodone/Acetaminophen)"</a>
Update Existing Test	<a href="#">MEC07 - "Drug Abuse Screen, Meconium 7"</a>
Update Existing Test	<a href="#">MMA01 - "Methylmalonic Acid"</a>
Update Existing Test	<a href="#">MORPQ - "Morphine, Serum Quantitative"</a>
Update Existing Test	<a href="#">MPA01 - "Mycophenolic Acid"</a>
Update Existing Test	<a href="#">NORDZ - "Nordiazepam (Clorazepate, Tranxene)"</a>
Update Existing Test	<a href="#">NORTI - "Nortriptyline"</a>
Update Existing Test	<a href="#">OCARB - "Oxcarbazepine"</a>
Update Existing Test	<a href="#">OPTSP - "Opiate Panel, Serum Quantitative"</a>
Update Existing Test	<a href="#">OXAZE - "Oxazepam (Serax)"</a>
Update Existing Test	<a href="#">OXYCD - "Oxycodone, Serum (Oxycontin)"</a>
Update Existing Test	<a href="#">OXYMS - "Oxymorphone, Serum (Numorphan)"</a>
Update Existing Test	<a href="#">PENTO - "Pentobarbital (Nembutal)"</a>
Update Existing Test	<a href="#">PHEBF - "Phenobarbital, Free"</a>
Update Existing Test	<a href="#">PHENO - "Phenobarbital"</a>
Update Existing Test	<a href="#">PHENY - "Phenytoin (Dilantin)"</a>
Update Existing Test	<a href="#">PN03A - "Clinical Drug Screen, Pain Management Panel, Screen Only"</a>
Update Existing Test	<a href="#">PN03C - "Drug Screen, Pain Management Panel"</a>
Update Existing Test	<a href="#">PRIMI - "Primidone (Mysoline)"</a>
Update Existing Test	<a href="#">SALIC - "Salicylate, Serum"</a>
Update Existing Test	<a href="#">SAMP1 - "Amphetamine, Serum, Qualitative"</a>
Update Existing Test	<a href="#">SBEN1 - "Benzodiazepine, Serum, Qualitative"</a>
Update Existing Test	<a href="#">SCOC1 - "Cocaine, Serum, Qualitative"</a>
Update Existing Test	<a href="#">SDS1A - "Drug Abuse Screen, Serum"</a>
Update Existing Test	<a href="#">SDSCC - "Drug Screen, Serum Comprehensive"</a>
Update Existing Test	<a href="#">SEYGC - "Ethylene Glycol"</a>
Update Existing Test	<a href="#">SMTH1 - "Methadone, Serum, Qualitative"</a>
Update Existing Test	<a href="#">SNICO - "Nicotine and Cotinine, Serum"</a>
Update Existing Test	<a href="#">SOPTI - "Opiate, Serum, Qualitative"</a>
Update Existing Test	<a href="#">SPCP1 - "Phencyclidine, Serum, Qualitative"</a>

Update Existing Test	<a href="#">SPRP1 - "Propoxyphene, Serum, Qualitative"</a>
Update Existing Test	<a href="#">STHC1 - "THC, Serum, Qualitative"</a>
Update Existing Test	<a href="#">TADSP - "Tricyclic Antidepressant Panel, Quantitative"</a>
Update Existing Test	<a href="#">TEMAZ - "Temazepam"</a>
Update Existing Test	<a href="#">TRAZO - "Trazadone (Desyrel)"</a>
Update Existing Test	<a href="#">UACT2 - "Acetaminophen Screen, Urine"</a>
Update Existing Test	<a href="#">UCBUP - "Buprenorphine Confirmation, Urine"</a>
Update Existing Test	<a href="#">UCFNT - "Fentanyl and Metabolite, Urine, Confirmation"</a>
Update Existing Test	<a href="#">UCMPE - "Meperidine, Urine, Confirmation"</a>
Update Existing Test	<a href="#">UCOPE - "Clinical Urine Expanded Opioid Confirm"</a>
Update Existing Test	<a href="#">UCSUB - "Suboxone Urine"</a>
Update Existing Test	<a href="#">UCTRM - "Tramadol, Urine, Confirmation"</a>
Update Existing Test	<a href="#">UDC6P - "Drug Screen 6 TLC (Pain)"</a>
Update Existing Test	<a href="#">UDS01 - "Drug Screen, Urine Comprehensive"</a>
Update Existing Test	<a href="#">UEYGC - "Ethylene Glycol, Urine"</a>
Update Existing Test	<a href="#">UFC01 - "Urine Free Cortisol"</a>
Update Existing Test	<a href="#">UFEN5 - "Fentanyl, Screen, Urine with Reflex to Confirmation"</a>
Update Existing Test	<a href="#">UMDGL - "Methylenedioxymethamphetamine (MDMA + MDA), Urine, Quantitative"</a>
Update Existing Test	<a href="#">UMDM1 - "Methylenedioxymethamphetamine (Ecstasy Mdma), Urine, Qualit"</a>
Update Existing Test	<a href="#">UMEP5 - "Meperidine Screen, Urine with Reflex to Confirmation"</a>
Update Existing Test	<a href="#">UNICO - "Nicotine and Metabolites, Urine"</a>
Update Existing Test	<a href="#">UOXYC - "Oxycodone, Urine, Qualitative Includes Oxycodone and Oxymorphone"</a>
Update Existing Test	<a href="#">UPNZ2 - "Phenothiazine Screen, Urine"</a>
Update Existing Test	<a href="#">USAL2 - "Salicylate Screen, Urine"</a>
Update Existing Test	<a href="#">UTRM5 - "Tramadol Screen with Reflex to Confirmation"</a>
Update Existing Test	<a href="#">ZONIS - "ZONISAMIDE (ZONEGRAN)"</a>

Update Existing Test	
<b>Name</b>	Acetaminophen
<b>Code</b>	ACETA
<b>Interface Order Code</b>	1750020
<b>Legacy Code</b>	ACET
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Amiodarone (Cordarone)
<b>Code</b>	AMIOD
<b>Interface Order Code</b>	1756000
<b>Legacy Code</b>	AMIO
<b>Notes</b>	Update to specimen requirements, alternate specimen, stability, rejection criteria, and methodology.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within 2 hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 1.0 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listed.</b>
<b>Rejection Criteria</b>	<b>Serum separator tube (SST), heparinized samples, grossly hemolyzed or lipemic.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days
<b>Methodology</b>	<b>High Performance Liquid Chromatography/Tandem Mass Spectrometry</b>

Update Existing Test	
<b>Name</b>	Amitriptyline (Elavil, Pamelor)
<b>Code</b>	AMITR
<b>Interface Order Code</b>	1750320
<b>Legacy Code</b>	AMI
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge and separate from cells <b>within 2 hours</b>. Send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 1.0 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen type accepted.</b>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
<b>Name</b>	Forensic Urine Amleo Panel with Confirmation
<b>Code</b>	AMLEO
<b>Interface Order Code</b>	Submitted on Forensic Requisition only
<b>Legacy Code</b>	AMLEO
<b>Notes</b>	Update to specimen information and specimen requirements.
Required Testing Changes	
<b>Specimen Required</b>	<p><b><i>Specimen Information:</i></b></p> <ul style="list-style-type: none"> <li>• Specimen must be collected as a Chain of Custody and accompanied by a Warde Chain of Custody requisition.</li> <li>• Positive screens reflex to LC/MS/MS or GC/MS confirmation.</li> <li>• Positive samples stored for one year.</li> </ul> <p><b><i>Analytes Tested:</i></b></p> <ul style="list-style-type: none"> <li>• Amphetamines</li> <li>• Barbiturates</li> <li>• Cocaine (as Benylecgonine)</li> <li>• Opiates</li> <li>• Phencyclidine</li> <li>• Cannabis (THC)</li> </ul> <p><i>Collect:</i> Random urine  <b><i>Specimen Preparation:</i></b> Send 50.0 mL urine refrigerated in a screw capped plastic urine container. Contact laboratory for specimen requirements if newborn testing is required.  <i>Minimum Volume:</i> 30.0 mL  <i>Transport Temperature:</i> Refrigerated</p>

Update Existing Test	
<b>Name</b>	Carbamazepine, Free
<b>Code</b>	CARBF
<b>Interface Order Code</b>	1750262
<b>Legacy Code</b>	CARF
<b>Notes</b>	Update to specimen requirements and stability.
Required Testing Changes	
<b>Specimen Required</b>	<i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.
<b>Stability</b>	Room temperature: 24 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Carbamazepine, Total
<b>Code</b>	CARBT
<b>Interface Order Code</b>	1750260
<b>Legacy Code</b>	CAR
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<i>Collect:</i> Red top <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial. <b>Minimum Volume: 0.5 mL</b> <i>Transport Temperature:</i> Refrigerated
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Drug Abuse Screen, Urine 3 Panel Screen
<b>Code</b>	CD03A
<b>Interface Order Code</b>	1845100
<b>Legacy Code</b>	CD03A
<b>Notes</b>	Update to specimen information and methodology.
Required Testing Changes	
<b>Specimen Information</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• Qualitative detection of drug present in the urine.</li> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• Positive screen results are considered presumptive results and are not confirmed.</li> <li>• Quantitative confirmation testing is available upon client request. Confirmation testing will be done at an additional charge.</li> <li>• This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03A panel if these tests are required.</li> <li>• False negative results may occur if drugs are present below the tests limit of detection.</li> </ul>
<b>Methodology</b>	Enzyme Immunoassay

Update Existing Test	
<b>Name</b>	Clinical Urine Drug Abuse Screen 3C With Confirmation
<b>Code</b>	CD03C
<b>Interface Order Code</b>	1845140
<b>Legacy Code</b>	CD03C
<b>Notes</b>	Update to specimen information and methodology.
Required Testing Changes	
<b>Specimen Information</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing. See Interface Map for a complete list of analytes included.</li> <li>• Quantitative confirmation is automatically reflexed and performed on positive screens.</li> <li>• This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03C panel if these tests are required.</li> <li>• False negative results may occur if drugs are present below the tests limit of detection.</li> </ul>
<b>Methodology</b>	Enzyme Immunoassay; Gas Chromatography/Mass Spectrometry; Liquid Chromatography/Tandem Mass Spectrometry

Update Existing Test	
Name	Clin Urine Drug Abuse Scrn 5A
Code	CD05A
Interface Order Code	1845180
Legacy Code	CD05A
Notes	Update to specimen information and methodology.
Required Testing Changes	
Specimen Information	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>Qualitative detection of drug present in the urine.</li> <li>This test is for clinical use only and not intended for employment related testing.</li> <li>Positive screen results are considered presumptive results and are not confirmed.</li> <li>Quantitative confirmation testing is available upon client request. Confirmation testing will be done at an additional charge.</li> <li>This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03A panel if these tests are required.</li> <li>False negative results may occur if drugs are present below the tests limit of detection.</li> </ul>
Methodology	Enzyme Immunoassay

Update Existing Test	
Name	Clinical Urine Drug Abuse Screen 5C With Confirmation
Code	CD05C
Interface Order Code	1846070
Legacy Code	CD05C
Notes	Update to specimen information, specimen requirements, methodology, and performed days.
Required Testing Changes	
Specimen Required	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>This test is for clinical use only and not intended for employment related testing. See Interface Map for a complete list of analytes included.</li> <li>Quantitative confirmation is automatically reflexed and performed on positive screens.</li> <li>This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03C panel if these tests are required.</li> <li>False negative results may occur if drugs are present below the tests limit of detection.</li> </ul> <p><i>Collect:</i> Random urine  <b>Specimen Preparation:</b> Send 30.0 mL urine in a screw capped plastic urine container.  <b>Pediatric:</b> Newborn minimum requires 1.0 mL urine and 0.5 - 5.0 mL for positive confirmations.  <i>Minimum Volume:</i> 15.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
Methodology	Enzyme Immunoassay; Gas Chromatography/Mass Spectrometry; Liquid Chromatography/Tandem Mass Spectrometry
Performed Days	Monday - Friday



Update Existing Test	
<b>Name</b>	Clinical Urine Drug Abuse Scrn 8A
<b>Code</b>	CD08A
<b>Interface Order Code</b>	1845200
<b>Legacy Code</b>	CD08A
<b>Notes</b>	Update to specimen information and methodology.
Required Testing Changes	
<b>Specimen Information</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• Qualitative detection of drug present in the urine.</li> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• Positive screen results are considered presumptive results and are not confirmed.</li> <li>• Quantitative confirmation testing is available upon client request. Confirmation testing will be done at an additional charge.</li> <li>• This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03A panel if these tests are required.</li> <li>• False negative results may occur if drugs are present below the tests limit of detection.</li> </ul>
<b>Methodology</b>	Enzyme Immunoassay

Update Existing Test	
<b>Name</b>	Clinical Drug Abuse Screen 8C With Confirmation
<b>Code</b>	CD08C
<b>Interface Order Code</b>	1845210
<b>Legacy Code</b>	CD08C
<b>Notes</b>	Update to specimen information, specimen requirements, methodology, and performed days.
Required Testing Changes	
<b>Specimen Required</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing. See Interface Map for a complete list of analytes included.</li> <li>• Quantitative confirmation is automatically reflexed and performed on positive screens.</li> <li>• This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03C panel if these tests are required.</li> <li>• False negative results may occur if drugs are present below the tests limit of detection.</li> </ul> <p><i>Collect:</i> Random urine  <b>Specimen Preparation:</b> Send 30.0 mL urine in a screw capped plastic urine container. Newborn minimum requires 1.0 mL urine and 0.5 - 5.0 mL for positive confirmations.  <i>Minimum Volume:</i> 15.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Methodology</b>	Enzyme Immunoassay; Gas Chromatography/Mass Spectrometry; Liquid Chromatography/Tandem Mass Spectrometry
<b>Performed Days</b>	Monday - Friday

Update Existing Test	
<b>Name</b>	Clin Urine Drug Abuse Scrn 9A
<b>Code</b>	CD09A
<b>Interface Order Code</b>	1845220
<b>Legacy Code</b>	CD09A
<b>Notes</b>	Update to specimen information and methodology.
Required Testing Changes	
<b>Specimen Information</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• Qualitative detection of drug present in the urine.</li> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• Positive screen results are considered presumptive results and are not confirmed.</li> <li>• Quantitative confirmation testing is available upon client request. Confirmation testing will be done at an additional charge.</li> <li>• This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03A panel if these tests are required.</li> <li>• False negative results may occur if drugs are present below the tests limit of detection.</li> </ul>
<b>Methodology</b>	Enzyme Immunoassay

Update Existing Test	
<b>Name</b>	Clinical Urine Drug Abuse Screen 9C With Confirmation
<b>Code</b>	CD09C
<b>Interface Order Code</b>	1845230
<b>Legacy Code</b>	CD09C
<b>Notes</b>	Update to specimen information, specimen requirements, methodology, and performed days.
Required Testing Changes	
<b>Specimen Required</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing. See Interface Map for a complete list of analytes included.</li> <li>• Quantitative confirmation is automatically reflexed and performed on positive screens.</li> <li>• This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03C panel if these tests are required.</li> <li>• False negative results may occur if drugs are present below the tests limit of detection.</li> </ul> <p><i>Collect:</i> Random urine  <b>Specimen Preparation:</b> Send 30.0 mL urine in a screw capped plastic urine container. Newborn minimum requires 1.0 mL urine and 0.5 - 5.0 mL for positive confirmations.  <i>Minimum Volume:</i> 15.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Methodology</b>	Enzyme Immunoassay; Gas Chromatography/Mass Spectrometry; Liquid Chromatography/Tandem Mass Spectrometry
<b>Performed Days</b>	Monday - Friday

Update Existing Test	
<b>Name</b>	Clin Urine Drug Abuse Scrn 10A
<b>Code</b>	CD10A
<b>Interface Order Code</b>	1845240
<b>Legacy Code</b>	CD10A
<b>Notes</b>	Update to specimen information and methodology.
Required Testing Changes	
<b>Specimen Information</b>	<p><b>Specimen Preparation:</b></p> <ul style="list-style-type: none"> <li>• Qualitative detection of drug present in the urine.</li> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• Positive screen results are considered presumptive results and are not confirmed.</li> <li>• Quantitative confirmation testing is available upon client request. Confirmation testing will be done at an additional charge.</li> <li>• This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03A panel if these tests are required.</li> <li>• False negative results may occur if drugs are present below the tests limit of detection.</li> </ul>
<b>Methodology</b>	Enzyme Immunoassay

Update Existing Test	
<b>Name</b>	Clinical Urine Drug Abuse Screen 10C With Confirmation
<b>Code</b>	CD10C
<b>Interface Order Code</b>	1845250
<b>Legacy Code</b>	CD10C
<b>Notes</b>	Update to specimen information, methodology, and performed days.
Required Testing Changes	
<b>Specimen Information</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing. See Interface Map for a complete list of analytes included.</li> <li>• Quantitative confirmation is automatically reflexed and performed on positive screens.</li> <li>• This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03C panel if these tests are required.</li> <li>• False negative results may occur if drugs are present below the tests limit of detection.</li> </ul>
<b>Methodology</b>	Enzyme Immunoassay; Gas Chromatography/Mass Spectrometry; Liquid Chromatography/Tandem Mass Spectrometry
<b>Performed Days</b>	Monday - Friday

Update Existing Test	
<b>Name</b>	Clonazepam (Klonopin)
<b>Code</b>	CLONA
<b>Interface Order Code</b>	1751120
<b>Legacy Code</b>	CLONAZE
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum refrigerated in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Codeine, Serum
<b>Code</b>	CODEI
<b>Interface Order Code</b>	1757360
<b>Legacy Code</b>	CODS
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <b>Specimen Preparation:</b> Centrifuge and separate from cells within 4 hours. Send 2.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 1.0 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Clinical Urine Drug Abuse Screen 8C With Confirmation
<b>Code</b>	CT08C
<b>Interface Order Code</b>	1836300
<b>Legacy Code</b>	UDC8C
<b>Notes</b>	Update to specimen information, specimen requirements, methodology, and performed days.
Required Testing Changes	
<b>Specimen Required</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing. See Interface Map for a complete list of analytes included.</li> <li>• Quantitative confirmation is automatically reflexed and performed on positive screens.</li> <li>• This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03C panel if these tests are required.</li> <li>• False negative results may occur if drugs are present below the tests limit of detection.</li> </ul> <p><i>Collect:</i> Random urine  <b>Specimen Preparation:</b>            Send 30.0 mL urine in a screw capped plastic urine container.            Newborn minimum requires 1.0 mL urine and 0.5 - 5.0 mL for positive confirmations.  <b>Minimum Volume:</b> 15.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Methodology</b>	<b>Enzyme Immunoassay; Gas Chromatography/Mass Spectrometry; Liquid Chromatography/Tandem Mass Spectrometry; Gas Chromatography/Flame Ionization Detection</b>
<b>Performed Days</b>	Monday - Friday

Update Existing Test	
Name	Clinical Urine Drug Abuse Screen 9C With Confirmation
Code	CT09C
Interface Order Code	1836360
Legacy Code	UDC9C
Notes	Update to specimen information, specimen requirements, methodology, and performed days.
Required Testing Changes	
Specimen Required	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>This test is for clinical use only and not intended for employment related testing.</li> <li>See Interface map for a complete list of analytes included.</li> <li>Quantitative confirmation is automatically reflexed and performed on positive screens.</li> <li>This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03C panel if these tests are required.</li> <li>False negative results may occur if drugs are present below the tests limit of detection.</li> </ul> <p><i>Collect:</i> Random urine  <b>Specimen Preparation:</b> Send 30.0 mL urine in a screw capped plastic urine container. Newborn minimum requires 1.0 mL urine and 0.5 - 5.0 mL for positive confirmations.  <i>Minimum Volume:</i> 15.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
Methodology	Enzyme Immunoassay; Gas Chromatography/Mass Spectrometry; Liquid Chromatography/Tandem Mass Spectrometry
Performed Days	Monday - Friday

Update Existing Test	
Name	Clinical Urine Drug Abuse Screen 10C With Confirmation
Code	CT10C
Interface Order Code	1836740
Legacy Code	UDC10C
Notes	Update to specimen information, methodology, and performed days.
Required Testing Changes	
Specimen Information	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>This test is for clinical use only and not intended for employment related testing. See Interface Map for a complete list of analytes included.</li> <li>Quantitative confirmation is automatically reflexed and performed on positive screens.</li> <li>This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03C panel if these tests are required.</li> <li>False negative results may occur if drugs are present below the tests limit of detection.</li> </ul>
Methodology	Enzyme Immunoassay; Gas Chromatography/Mass Spectrometry; Liquid Chromatography/Tandem Mass Spectrometry
Performed Days	Monday - Friday

Update Existing Test	
<b>Name</b>	Desipramine (Norpramin)
<b>Code</b>	DESPR
<b>Interface Order Code</b>	1750300
<b>Legacy Code</b>	DES
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 1.0 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Diazepam (Valium)
<b>Code</b>	DIAZE
<b>Interface Order Code</b>	1750990
<b>Legacy Code</b>	DIAZ
<b>Notes</b>	Update to specimen requirements, stability, and reference range.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days
<b>Reference Range</b>	Diazepam: 100 – 1000 ng/mL Nordiazepam: 100 – 1000 ng/mL <b>Toxic: Sum &gt;3000 ng/mL</b>

Update Existing Test	
<b>Name</b>	Doxepin (Sinequan)
<b>Code</b>	DOXEP
<b>Interface Order Code</b>	1750650
<b>Legacy Code</b>	DOX
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum refrigerated in a screw capped plastic vial.  <b>Minimum Volume: 1.0 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Ethosuximide
<b>Code</b>	ETHSX
<b>Interface Order Code</b>	1750280
<b>Legacy Code</b>	ETHO
<b>Notes</b>	Update to specimen requirements, alternate specimen, rejection criteria, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum refrigerated in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Rejection Criteria</b>	Serum separator tube (SST), <b>gross hemolysis or lipemic.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days



Update Existing Test	
<b>Name</b>	Ethanol, Blood, Forensic
<b>Code</b>	ETOHF
<b>Interface Order Code</b>	Submitted on Forensic Requisition only
<b>Legacy Code</b>	ETOHF
<b>Notes</b>	Update to specimen requirements.
Required Testing Changes	
<b>Specimen Required</b>	<p><b>Patient Preparation: Specimen must be collected as a Chain of Custody, and accompanied by a Warde Chain of Custody requisition.</b></p> <p><i>Collect:</i> Gray sodium fluoride. Use non-alcohol swabs during collection.</p> <p><i>Specimen Preparation:</i> Send 5.0 mL whole blood, refrigerated. Do not remove cap from collection tube. Follow Chain of Custody collection protocol.</p>

Update Existing Test	
<b>Name</b>	Felbamate (Felbatol)
<b>Code</b>	FELBA
<b>Interface Order Code</b>	1752000
<b>Legacy Code</b>	FELB
<b>Notes</b>	Update to specimen requirements, stability, and reference range.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.</p> <p><b>Minimum Volume: 0.5 mL</b></p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours</p> <p><b>Refrigerated: 7 days</b></p> <p>Frozen: 14 days</p>
<b>Reference Range</b>	<p>25 - 100 mcg/mL</p> <p><b>Toxic: &gt;150 mcg/mL</b></p>

Update Existing Test	
<b>Name</b>	Fluoxetine (Prozac)
<b>Code</b>	FLUOX
<b>Interface Order Code</b>	1750590
<b>Legacy Code</b>	FLUOX
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 1.0 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Flurazepam (Dalmane)
<b>Code</b>	FLURZ
<b>Interface Order Code</b>	1751040
<b>Legacy Code</b>	FLURAZE
<b>Notes</b>	Update to specimen requirements, alternate specimen, stability, and reference range.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> <b>Frozen: 14 days</b>
<b>Reference Range</b>	<b>Assay as desalkylflurazepam</b> Desalkylflurazepam: 30 – 150 ng/mL <b>Toxic range: &gt;300 ng/mL</b>

Update Existing Test	
<b>Name</b>	Forensic Urine Drug Abuse Screen 5 with Confirmation
<b>Code</b>	FT05C
<b>Interface Order Code</b>	Submitted on Forensic Requisition only
<b>Legacy Code</b>	FT05C
<b>Notes</b>	Update to specimen information and specimen requirements.
Required Testing Changes	
<b>Specimen Required</b>	<p><b>Specimen Information:</b> Specimen must be collected as a Chain of Custody and accompanied by a Warde Chain of Custody requisition. Positive screens reflex to LC/MS/MS or GC/MS confirmation. Positive samples stored for one year.</p> <p><b>Analytes Tested:</b></p> <ul style="list-style-type: none"> <li>• Amphetamines</li> <li>• Cocaine (as Benylecgonine)</li> <li>• Opiates</li> <li>• Phencyclidine</li> <li>• Cannabis (THC)</li> </ul> <p><i>Collect: Random urine</i></p> <p><b>Specimen Preparation:</b> Send 50.0 mL urine refrigerated in a screw capped plastic urine container. Contact laboratory for specimen requirements if newborn testing is required.</p> <p><i>Minimum Volume: 30.0 mL</i></p> <p><i>Transport Temperature: Refrigerated</i></p>

Update Existing Test	
<b>Name</b>	Forensic Urine Drug Abuse Screen 7 with Confirmation
<b>Code</b>	FT07C
<b>Interface Order Code</b>	Submitted on Forensic Requisition only
<b>Legacy Code</b>	FT07C
<b>Notes</b>	Update to specimen information and specimen requirements.
Required Testing Changes	
<b>Specimen Required</b>	<p><b><i>Specimen Information:</i></b> Specimen must be collected as a Chain of Custody, and accompanied by a Warde Chain of Custody requisition. Positive screens reflex to LC/MS/MS or GC/MS confirmation. Positive samples stored for one year.</p> <p><b><i>Analytes Tested:</i></b></p> <ul style="list-style-type: none"> <li>• Amphetamines</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine (as Benylecgonine)</li> <li>• Opiates</li> <li>• Phencyclidine</li> <li>• Cannabis (THC)</li> </ul> <p><i>Collect:</i> Random urine</p> <p><b><i>Specimen Preparation:</i></b> Send 50.0 mL urine refrigerated in a screw capped plastic urine container. Contact laboratory for specimen requirements if newborn testing is required.</p> <p><i>Minimum Volume:</i> 30.0 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>

Update Existing Test	
<b>Name</b>	Forensic Urine Drug Abuse Screen 8 with Confirmation
<b>Code</b>	FT08C
<b>Interface Order Code</b>	Submitted on Forensic Requisition only
<b>Legacy Code</b>	FT08C
<b>Notes</b>	Update to specimen information and specimen requirements.
Required Testing Changes	
<b>Specimen Required</b>	<p><b>Specimen Information:</b> Specimen must be collected as a Chain of Custody, and accompanied by a Warde Chain of Custody requisition. Positive screens reflex to LC/MS/MS or GC/MS confirmation. Positive samples stored for one year.</p> <p><b>Analytes Tested:</b></p> <ul style="list-style-type: none"> <li>• Amphetamines</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine (as Benylecgonine)</li> <li>• Ethanol</li> <li>• Opiates</li> <li>• Phencyclidine</li> <li>• Cannabis (THC)</li> </ul> <p><i>Collect:</i> Random urine</p> <p><b>Specimen Preparation:</b> Send 50.0 mL urine refrigerated in a screw capped plastic urine container. Contact laboratory for specimen requirements if newborn testing is required.</p> <p><i>Minimum Volume:</i> 30.0 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>

Update Existing Test	
<b>Name</b>	Forensic Urine Drug Abuse Screen 9 with Confirmation
<b>Code</b>	FT09C
<b>Interface Order Code</b>	Submitted on Forensic Requisition only
<b>Legacy Code</b>	FT09C
<b>Notes</b>	Update to specimen information and specimen requirements.
Required Testing Changes	
<b>Specimen Required</b>	<p><b><i>Specimen Information:</i></b> Specimen must be collected as a Chain of Custody, and accompanied by a Warde Chain of Custody requisition. Positive screens reflex to LC/MS/MS or GC/MS confirmation. Positive samples stored for one year.</p> <p><b><i>Analytes Tested:</i></b></p> <ul style="list-style-type: none"> <li>• Amphetamines</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine (as Benylecgonine)</li> <li>• Methadone</li> <li>• Opiates</li> <li>• Phencyclidine</li> <li>• Propoxyphene</li> <li>• Cannabis (THC)</li> </ul> <p><i>Collect:</i> Random urine</p> <p><b><i>Specimen Preparation:</i></b> Send 50.0 mL urine refrigerated in a screw capped plastic urine container. Contact laboratory for specimen requirements if newborn testing is required.</p> <p><i>Minimum Volume:</i> 30.0 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>

Update Existing Test	
<b>Name</b>	Forensic Urine Drug Abuse Screen 10 with Confirmation
<b>Code</b>	FT10C
<b>Interface Order Code</b>	Submitted on Forensic Requisition only
<b>Legacy Code</b>	FT10C
<b>Notes</b>	Update to specimen information and specimen requirements.
Required Testing Changes	
<b>Specimen Required</b>	<p><b><i>Specimen Information:</i></b> Specimen must be collected as a Chain of Custody, and accompanied by a Warde Chain of Custody requisition. Positive screens reflex to LC/MS/MS or GC/MS confirmation. Positive samples stored for one year.</p> <p><b><i>Analytes Tested:</i></b></p> <ul style="list-style-type: none"> <li>• Amphetamines</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine (as Benylecgonine)</li> <li>• Ethanol</li> <li>• Methadone</li> <li>• Opiates</li> <li>• Phencyclidine</li> <li>• Propoxyphene</li> <li>• Cannabis (THC)</li> </ul> <p><i>Collect:</i> Random urine</p> <p><b>Specimen Preparation:</b> Send 50.0 mL urine refrigerated in a screw capped plastic urine container. Contact laboratory for specimen requirements if newborn testing is required.</p> <p><i>Minimum Volume:</i> 30.0 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>

Update Existing Test	
<b>Name</b>	Forensic urine drug abuse screen 10 with confirmation
<b>Code</b>	FT11C
<b>Interface Order Code</b>	Submitted on Forensic Requisition only
<b>Legacy Code</b>	FT11C
<b>Notes</b>	Update to specimen information and specimen requirements.
Required Testing Changes	
Specimen Required	<p><b>Specimen Information:</b> Specimen must be collected as a Chain of Custody, and accompanied by a Warde Chain of Custody requisition. Positive screens reflex to LC/MS/MS or GC/MS confirmation. Positive samples stored for one year.</p> <p><b>Analytes Tested:</b></p> <ul style="list-style-type: none"> <li>• Amphetamines</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine (as Benylecgonine)</li> <li>• Ethanol</li> <li>• Methadone</li> <li>• Opiates (including oxycodone and oxymorphone)</li> <li>• Oxycodone</li> <li>• Phencyclidine</li> <li>• Propoxyphene</li> <li>• Cannabis (THC)</li> </ul> <p><i>Collect:</i> Random urine  <b>Specimen Preparation:</b> Send 50.0 mL urine refrigerated in a screw capped plastic urine container.  <i>Minimum Volume:</i> 30.0 mL  <i>Transport Temperature:</i> Refrigerated</p>



Update Existing Test	
<b>Name</b>	Forensic Urine Drug Abuse Scrn 15 w/conf
<b>Code</b>	FT15C
<b>Interface Order Code</b>	Submitted on Forensic Requisition only
<b>Legacy Code</b>	FT15C
<b>Notes</b>	Update to specimen information and specimen requirements.
Required Testing Changes	
<b>Specimen Required</b>	<p><b><i>Specimen Information:</i></b> Specimen must be collected as a Chain of Custody, and accompanied by a Warde Chain of Custody requisition. Positive screens reflex to LC/MS/MS or GC/MS confirmation. Positive samples stored for one year.</p> <p><b><i>Analytes Tested:</i></b></p> <ul style="list-style-type: none"> <li>• Amphetamines</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine (as Benylecgonine)</li> <li>• Ethanol</li> <li>• Methadone</li> <li>• Opiates (including oxycodone and oxymorphone)</li> <li>• Oxycodone</li> <li>• Phencyclidine</li> <li>• Propoxyphene</li> </ul> <p><i>Collect:</i> Random urine</p> <p><b><i>Specimen Preparation:</i></b> Send 50.0 mL urine in a screw capped plastic urine container. Contact laboratory for specimen requirements if newborn testing is required.</p> <p><i>Minimum Volume:</i> 30.0 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>

## Update Existing Test

<b>Name</b>	Forensic Urine Drug Abuse Screen 16 with Confirmation
<b>Code</b>	FT16C
<b>Interface Order Code</b>	Submitted on Forensic Requisition only
<b>Legacy Code</b>	FT16C
<b>Notes</b>	Update to specimen information and specimen requirements.

## Required Testing Changes

<b>Specimen Required</b>	<p><b>Specimen Information:</b> Specimen must be collected as a Chain of Custody, and accompanied by a Warde Chain of Custody requisition. Positive screens reflex to LC/MS/MS or GC/MS confirmation. Positive samples stored for one year.</p> <p><b>Analytes Tested:</b></p> <ul style="list-style-type: none"> <li>• Amphetamines</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine (as Benylecgonine)</li> <li>• Methadone</li> <li>• Opiates (including oxycodone and oxymorphone)</li> <li>• Oxycodone</li> <li>• Phencyclidine</li> <li>• Propoxyphene</li> </ul> <p><i>Collect:</i> Random urine</p> <p><b>Specimen Preparation:</b> Send 50.0 mL urine in a screw capped plastic urine container. Contact laboratory for specimen requirements if newborn testing is required.</p> <p><i>Minimum Volume:</i> 30.0 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
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## Update Existing Test

<b>Name</b>	Hydrocodone, Serum (Vicodin)
<b>Code</b>	HCODS
<b>Interface Order Code</b>	1757300
<b>Legacy Code</b>	HCODS
<b>Notes</b>	Update to specimen requirements and alternate specimen.

## Required Testing Changes

<b>Specimen Required</b>	<p><i>Collect:</i> Red top</p> <p><b>Specimen Preparation:</b> Centrifuge and separate from cells within 4 hours. Send 2.0 mL serum in a screw capped plastic vial.</p> <p><b>Minimum Volume:</b> 1.0 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	No alternate specimen listing.

Update Existing Test	
<b>Name</b>	Hydromorphone (Dilaudid)
<b>Code</b>	HYDMS
<b>Interface Order Code</b>	1757540
<b>Legacy Code</b>	HYDMS
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<i>Collect:</i> Red Top <i>Specimen Preparation:</i> Centrifuge and separate serum from cells within 2 hours. Send 2.0 mL serum in a screw capped plastic vial. <i>Minimum Volume:</i> 1.0 mL <i>Transport Temperature:</i> Refrigerated
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Imipramine (Tofranil)
<b>Code</b>	IMIPR
<b>Interface Order Code</b>	1750335
<b>Legacy Code</b>	IMI
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<i>Collect:</i> Red top <i>Specimen Preparation:</i> Centrifuge and separate serum from cells <b>within 2 hours</b> . Send 1.0 mL serum in a screw capped plastic vial. <i>Minimum Volume:</i> 1.0 mL <i>Transport Temperature:</i> Refrigerated
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Lorazepam (Ativan)
<b>Code</b>	LORAZ
<b>Interface Order Code</b>	1751080
<b>Legacy Code</b>	LORAZEP
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Lorcet, Serum (Hydrocodone/Acetaminophen)
<b>Code</b>	LORCE
<b>Interface Order Code</b>	1757390
<b>Legacy Code</b>	LORCET
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Drug Abuse Screen, Meconium 7
<b>Code</b>	MEC07
<b>Interface Order Code</b>	1841040
<b>Legacy Code</b>	MEC07
<b>Notes</b>	Update to specimen information, specimen requirements, methodology, and reference range.
Required Testing Changes	
<b>Specimen Required</b>	<p><b>Specimen Information:</b> Results from the test is qualitative. All drugs are tested using a definitive LC/MSMS method except THC will be reflexed to LC/MSMS confirmation.</p> <p><b>Drugs Tested:</b></p> <ul style="list-style-type: none"> <li>• Benzodiazepines (Oxazepam)</li> <li>• Cocaine</li> <li>• Cocaine Metabolite (BE)</li> <li>• Cocaine Metabolite (M-OHBE)</li> <li>• Opiates (Codeine)</li> <li>• Opiates (Hydrocodone)</li> <li>• Opiates (Hydromorphone)</li> <li>• Opiates (Morphine)</li> <li>• Opiate (Oxycodone)</li> <li>• Phencyclidine (PCP)</li> <li>• Methadone</li> </ul> <p><i>Collect:</i> Meconium <i>Specimen Preparation:</i> Collect all meconium (blackish material) excreted until milk/formula based stool (yellow-green) appears. Send 5.0 g in a sterile, screw capped container. Multiple sample collections from the same patient should be combined in one container. Please do NOT submit samples from one patient in multiple containers. <b>Minimum Volume: 2.0 g</b> <i>Transport Temperature:</i> Refrigerated</p>
<b>Methodology</b>	High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS), Immunoassay
<b>Reference Range</b>	Negative

Update Existing Test	
<b>Name</b>	Methylmalonic Acid
<b>Code</b>	MMA01
<b>Interface Order Code</b>	1013000
<b>Legacy Code</b>	MMA
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Serum separator tube (SST)  <b>Specimen Preparation:</b> Centrifuge, separate serum from cells within two hours and send 3.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume:</b> 1.0 mL  <i>Transport Temperature:</i> Frozen</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: Unacceptable <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Morphine, Serum Quantitative
<b>Code</b>	MORPQ
<b>Interface Order Code</b>	1840110
<b>Legacy Code</b>	MORPQ
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <b>Specimen Preparation:</b> Centrifuge and separate serum from cells within 2 hours. Send 2.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume:</b> 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Mycophenolic Acid
<b>Code</b>	MPA01
<b>Interface Order Code</b>	1757260
<b>Legacy Code</b>	MPA
<b>Notes</b>	Update to specimen requirements, alternate specimen, reference range, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> Collect specimen 12 hours post-dose.  <i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge and separate serum from cells <b>within 2 hours</b>. Send 1.0 mL serum in screw capped plastic vial.  <i>Minimum Volume:</i> 0.5 mL  <b>Transport Temperature:</b> Refrigerated</p>
<b>Alternate Specimen</b>	No alternate specimen listing.
<b>Reference Range</b>	<p><b>Mycophenolic Acid: 1.0 - 3.5 ug/mL</b>  <b>Toxic level for MPA: &gt;25 mg/mL</b>  <b>Toxic level for MPA-glucuronide: Not established</b>  <b>Combined therapy with cyclosporin: 1.0 - 35 mcg/mL</b>  <b>Combined therapy with TQC volumes: 1.9 - 4.0 mcg/mL</b>  <b>Mycophenolic Acid Glucuronide: 35.0 - 100.0 ug/mL</b></p>
<b>Stability</b>	<p>Room temperature: Unacceptable  Refrigerated: 4 days  <b>Frozen: 1 month</b></p>

Update Existing Test	
<b>Name</b>	Nordiazepam (Clorazepate, Tranxene)
<b>Code</b>	NORDZ
<b>Interface Order Code</b>	1751020
<b>Legacy Code</b>	NORDIAZ
<b>Notes</b>	Update to alternate specimen, stability, reference range, and turnaround time.
Required Testing Changes	
<b>Alternate Specimen</b>	No alternate specimen listing.
<b>Stability</b>	<p><b>Room temperature: 48 hours</b>  <b>Refrigerated: 7 days</b>  Frozen: 14 days</p>
<b>Reference Range</b>	<p><b>Therapeutic: 100 - 1000 ng/mL</b>  <b>Toxic: &gt;3000 ng/mL</b></p>
<b>Turnaround Time</b>	<b>2 - 3 days</b>

Update Existing Test	
<b>Name</b>	Nortriptyline
<b>Code</b>	NORTI
<b>Interface Order Code</b>	1750325
<b>Legacy Code</b>	NORT
<b>Notes</b>	Update to specimen requirements, alternate specimen, stability, and reference range.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within 2 hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 1.0 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>
<b>Reference Range</b>	<p><b>Therapeutic range: 50 - 140 ng/mL</b>            Toxic: &gt;500 ng/mL</p>

Update Existing Test	
<b>Name</b>	Oxcarbazepine
<b>Code</b>	OCARB
<b>Interface Order Code</b>	1751340
<b>Legacy Code</b>	OHCARBAZ
<b>Notes</b>	Update to specimen requirements, alternate specimen, stability, and reference range.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells within 2 hours and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>
<b>Reference Range</b>	<p><b>Therapeutic range: 10 - 35 mcg/mL</b>            Toxic: &gt;50 mcg/mL</p>



Update Existing Test	
<b>Name</b>	Opiate Panel, Serum Quantitative
<b>Code</b>	OPTSP
<b>Interface Order Code</b>	1808205
<b>Legacy Code</b>	OPTP
<b>Notes</b>	Update to specimen information, specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><b>Specimen Information:</b> Analytes tested include codeine, hydrocodone, hydromorphone, morphine, oxycodone, oxymorphone.</p> <p><i>Collect:</i> Red top</p> <p><b>Specimen Preparation:</b> Centrifuge, separate serum from cells and send 2.0 mL serum in a screw capped plastic vial.</p> <p><b>Minimum Volume:</b> 1.0 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Oxazepam (Serax)
<b>Code</b>	OXAZE
<b>Interface Order Code</b>	1751060
<b>Legacy Code</b>	OXAZEPA
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top</p> <p><b>Specimen Preparation:</b> Centrifuge, separate serum from cells <b>within 2 hours</b> and send 1.0 mL serum in a screw capped plastic vial.</p> <p><b>Minimum Volume:</b> 0.5 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Oxycodone, Serum (Oxycontin)
<b>Code</b>	OXYCD
<b>Interface Order Code</b>	1757330
<b>Legacy Code</b>	OXYCODS
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <b>Specimen Preparation:</b> Centrifuge and separate from cells within 2 hours. Send 2.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume:</b> 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
<b>Name</b>	Oxymorphone, Serum (Numorphan)
<b>Code</b>	OXYMS
<b>Interface Order Code</b>	1757500
<b>Legacy Code</b>	OXYMS
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <b>Specimen Preparation:</b> Centrifuge and separate from cells within 2 hours. Send 2.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume:</b> 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
<b>Name</b>	Pentobarbital (Nembutal)
<b>Code</b>	PENTO
<b>Interface Order Code</b>	1750570
<b>Legacy Code</b>	PENT
<b>Notes</b>	Update to specimen requirements, alternate specimen, stability, and reference range.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within 2 hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>
<b>Reference Range</b>	<p>Prefers sleep: 10 – 15 µg/mL            Comatose reflexive: 15 – 20 µg/mL            Comatose areflexive: 25 - 30 µg/mL  <b>Comatose with circulatory and/or respiratory difficulty: 40 – 50 µg/mL</b>            Toxic &gt;50</p>

Update Existing Test	
<b>Name</b>	Phenobarbital, Free
<b>Code</b>	PHEBF
<b>Interface Order Code</b>	1750575
<b>Legacy Code</b>	FPHENOB
<b>Notes</b>	Update to specimen requirements and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <b>Specimen Preparation:</b> Centrifuge and separate from cells <b>within 2 hours</b>. Send 1.0 mL serum in a screw capped plastic vial.  <i>Minimum Volume:</i> 0.5 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
<b>Name</b>	Phenobarbital
<b>Code</b>	PHENO
<b>Interface Order Code</b>	1750030
<b>Legacy Code</b>	PHENO
<b>Notes</b>	Update to specimen requirements, stability, and reference range.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>
<b>Reference Range</b>	<p>Therapeutic: 15 – 40 µg/mL  <b>Toxic: &gt;50 µg/mL</b></p>

Update Existing Test	
<b>Name</b>	Phenytoin (Dilantin)
<b>Code</b>	PHENY
<b>Interface Order Code</b>	1750040
<b>Legacy Code</b>	PHENY
<b>Notes</b>	Update to specimen requirements and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
Name	Urine Pain Panel Scrn Only
Code	PN03A
Interface Order Code	3000056
Legacy Code	PN03A
Notes	Update to specimen information and methodology.
Required Testing Changes	
Specimen Information	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• Qualitative detection of drug present in the urine.</li> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• Positive screen results are considered presumptive results and are not confirmed.</li> <li>• Quantitative confirmation testing is available upon client request. Confirmation testing will be done at an additional charge.</li> <li>• This panel is designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone and tramadol.</li> <li>• False negative results may occur if drugs are present below the tests limit of detection.</li> </ul>
Methodology	Enzyme Immunoassay

Update Existing Test	
Name	Drug Screen, Pain Management Panel
Code	PN03C
Interface Order Code	1845280
Legacy Code	PN03C
Notes	Update to specimen information, stability, methodology, and performed days.
Required Testing Changes	
Specimen Information	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing. See Interface Map for a complete list of analytes included.</li> <li>• Quantitative confirmation is automatically reflexed and performed on positive screens.</li> <li>• This panel is designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone and tramadol.</li> <li>• False negative results may occur if drugs are present below the tests limit of detection.</li> </ul>
Stability	Room temperature: 48 hours Refrigerated: 14 days <b>Frozen: 30 days</b>
Methodology	Enzyme Immunoassay; Gas Chromatography/Mass Spectrometry; Liquid Chromatography/Tandem Mass Spectrometry
Performed Days	Monday - Friday

Update Existing Test	
<b>Name</b>	Primidone (Mysoline)
<b>Code</b>	PRIMI
<b>Interface Order Code</b>	1750110
<b>Legacy Code</b>	PRI
<b>Notes</b>	Update to specimen requirements, rejection criteria, stability, and reference range.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Rejection Criteria</b>	<b>Serum separator tube (SST), grossly hemolyzed or lipemic.</b>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>
<b>Reference Range</b>	<p>Therapeutic range: 4 - 12 µg/mL  <b>Toxic Level: &gt;15 µg/mL</b></p>

Update Existing Test	
<b>Name</b>	Salicylate, Serum
<b>Code</b>	SALIC
<b>Interface Order Code</b>	1750130
<b>Legacy Code</b>	SAL
<b>Notes</b>	Update to specimen requirements and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
<b>Name</b>	Amphetamine, Serum, Qualitative
<b>Code</b>	SAMP1
<b>Interface Order Code</b>	1800300
<b>Legacy Code</b>	AMPHSER
<b>Notes</b>	Update to specimen requirements and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <b>Specimen Preparation:</b> Centrifuge, separate serum from cells within two hours and send 3.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume:</b> 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
<b>Name</b>	Benzodiazepine, Serum, Qualitative
<b>Code</b>	SBEN1
<b>Interface Order Code</b>	1800320
<b>Legacy Code</b>	BENZOSE
<b>Notes</b>	Update to specimen requirements and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <b>Specimen Preparation:</b> Centrifuge separate serum from cells within two hours and send 3.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume:</b> 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
<b>Name</b>	Cocaine, Serum, Qualitative
<b>Code</b>	SCOC1
<b>Interface Order Code</b>	1800330
<b>Legacy Code</b>	COCSER
<b>Notes</b>	Update specimen requirements and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <b>Specimen Preparations:</b> Centrifuge, separate serum from cells within two hours and send 3.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume:</b> 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
<b>Name</b>	Drug Abuse Screen, Serum
<b>Code</b>	SDS1A
<b>Interface Order Code</b>	1800400
<b>Legacy Code</b>	SDS
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <b>Specimen Preparation:</b> Centrifuge, separate serum from cells within two hours and send 3.0 mL serum refrigerated in a screw capped plastic vial.  <b>Minimum Volume:</b> 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>



Update Existing Test	
<b>Name</b>	Drug Screen, Serum Comprehensive
<b>Code</b>	SDSCC
<b>Interface Order Code</b>	1800410
<b>Legacy Code</b>	SDSC
<b>Notes</b>	Update to specimen information, specimen requirements, alternate specimen, stability, and reference range.
Required Testing Changes	
<b>Specimen Required</b>	<p><b>Specimen Information:</b>  <b>This test is not intended for:</b>            Quantitation of drugs            Regular drug monitoring  <b>This test is useful for:</b>            Intended or unintended use of over-the-counter, prescribed drugs and illegal drugs in a large dose, such as an overdose situation.            Most drugs present are reported qualitatively in this panel except the following.</p> <ol style="list-style-type: none"> <li>1. When benzodiazepines are detected by the immunoassays, the drugs will be confirmed by LCMSMS with quantitative values reported.</li> <li>2. When tricyclic antidepressants, amitriptyline, nortriptyline, imipramine, desimipramine, doxepine, and nordoxepine are detected by the photo array detector method, these compounds are retested by an HPLC method to report quantitative values.</li> <li>3. Pentobarbital and Phenobarbital are reported quantitatively by an HPLC method.</li> </ol> <p><i>Collect:</i> Red top  <b>Specimen Preparation:</b> Centrifuge, separate serum from cells within two hours and send 5.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume:</b> 3.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days
<b>Reference Range</b>	<b>Negative</b>

Update Existing Test	
<b>Name</b>	Ethylene Glycol
<b>Code</b>	SEYGC
<b>Interface Order Code</b>	1754990
<b>Legacy Code</b>	ETHGL
<b>Notes</b>	Update to specimen requirements, stability, reference range, and performed days.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Green sodium or lithium heparin  <i>Specimen Preparation:</i> Centrifuge and separate plasma from cells within 2 hours. Send 2.5 mL plasma in a screw capped plastic vial.  <b>Minimum Volume: 1.0 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 14 days</b>  <b>Frozen: 30 days</b></p>
<b>Reference Range</b>	<p><b>Decision level: 5 mg/dL</b>  <b>Critical level: ≥20 mg/dL</b></p>
<b>Performed Days</b>	Monday - Friday

Update Existing Test	
<b>Name</b>	Methadone, Serum, Qualitative
<b>Code</b>	SMTH1
<b>Interface Order Code</b>	1800340
<b>Legacy Code</b>	METHSER
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <b>Specimen Preparation:</b> Centrifuge, separate serum from cells within two hours and send 3.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 1.0 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>  Frozen: 14 days</p>

Update Existing Test													
<b>Name</b>	Nicotine and Cotinine, Serum												
<b>Code</b>	SNICO												
<b>Interface Order Code</b>	1860500												
<b>Legacy Code</b>	NICOTS												
<b>Notes</b>	Update to alternate specimen, stability, reference range, and turnaround time.												
Required Testing Changes													
<b>Alternate Specimen</b>	No alternate specimen listing.												
<b>Stability</b>	Room temperature: 24 hours Refrigerated: 7 days Frozen: 14 days												
<b>Reference Range</b>	<table border="1"> <thead> <tr> <th></th> <th>Active Tobacco User</th> <th>Passive Exposure</th> <th>Abstinence 2 weeks and more</th> </tr> </thead> <tbody> <tr> <td>Nicotine</td> <td>30 – 50 ng/mL</td> <td>&lt;2 ng/mL</td> <td>&lt;2 ng/mL</td> </tr> <tr> <td>Cotinine</td> <td>200 – 800 ng/mL</td> <td>&lt;8 ng/mL</td> <td>&lt;2 ng/mL</td> </tr> </tbody> </table>		Active Tobacco User	Passive Exposure	Abstinence 2 weeks and more	Nicotine	30 – 50 ng/mL	<2 ng/mL	<2 ng/mL	Cotinine	200 – 800 ng/mL	<8 ng/mL	<2 ng/mL
	Active Tobacco User	Passive Exposure	Abstinence 2 weeks and more										
Nicotine	30 – 50 ng/mL	<2 ng/mL	<2 ng/mL										
Cotinine	200 – 800 ng/mL	<8 ng/mL	<2 ng/mL										
<b>Turnaround Time</b>	1 - 3 days												

Update Existing Test	
<b>Name</b>	Opiate, Serum, Qualitative
<b>Code</b>	SOPTI
<b>Interface Order Code</b>	1800350
<b>Legacy Code</b>	SOPTI
<b>Notes</b>	Update to specimen requirements and stability.
Required Testing Changes	
<b>Specimen Required</b>	<i>Collect:</i> Red top <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 2.0 mL serum in a screw capped plastic vial. <b>Minimum Volume: 1.0 mL</b> <i>Transport Temperature:</i> Refrigerated
<b>Stability</b>	Room temperature: 48 hours Refrigerated: 7 days Frozen: 14 days

Update Existing Test	
<b>Name</b>	Phencyclidine, Serum, Qualitative
<b>Code</b>	SPCP1
<b>Interface Order Code</b>	1800360
<b>Legacy Code</b>	PCPSER
<b>Notes</b>	Update to specimen requirements and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 3.0 mL serum in a screw capped plastic vial.  <i>Minimum Volume:</i> 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
<b>Name</b>	Propoxyphene, Serum, Qualitative
<b>Code</b>	SPRP1
<b>Interface Order Code</b>	1800370
<b>Legacy Code</b>	PROPSER
<b>Notes</b>	Update to specimen requirements and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 3.0 mL serum in a screw capped plastic vial.  <i>Minimum Volume:</i> 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
<b>Name</b>	THC, Serum, Qualitative
<b>Code</b>	STHC1
<b>Interface Order Code</b>	1800380
<b>Legacy Code</b>	THCSER
<b>Notes</b>	Update to specimen requirements and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells within two hours and send 3.0 mL serum in a screw capped plastic vial.  <i>Minimum Volume:</i> 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
<b>Name</b>	Tricyclic Antidepressant Panel, Quantitative
<b>Code</b>	TADSP
<b>Interface Order Code</b>	1750455
<b>Legacy Code</b>	TADSP
<b>Notes</b>	Update to specimen requirements and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 2.0 mL serum in a screw capped plastic vial.  <i>Minimum Volume:</i> 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
<b>Name</b>	Temazepam
<b>Code</b>	TEMAZ
<b>Interface Order Code</b>	1751160
<b>Legacy Code</b>	TEMAZ
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Trazadone (Desyrel)
<b>Code</b>	TRAZO
<b>Interface Order Code</b>	1750580
<b>Legacy Code</b>	TRAZ
<b>Notes</b>	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 7 days</b> Frozen: 14 days

Update Existing Test	
<b>Name</b>	Acetaminophen (Tylenol) Screen-Urine
<b>Code</b>	UACT2
<b>Interface Order Code</b>	1832100
<b>Legacy Code</b>	UACET
<b>Notes</b>	Update to specimen information, methodology, and performed days.
Required Testing Changes	
<b>Specimen Information</b>	<p><i>Specimen Information:</i>            This test is for Clinical use only.            Qualitative analysis of urine.            Test designed to detect acetaminophen.            Positive results are considered presumptive results and are not confirmed.            Not intended for quantitation of drugs or for routine drug monitoring.            False negative results may occur if drugs are present below the tests limit of detection.</p>
<b>Methodology</b>	Gas Chromatography/Mass Spectrometry
<b>Performed Days</b>	Monday - Friday

Update Existing Test	
<b>Name</b>	Buprenorphine Confirmation, Urine
<b>Code</b>	UCBUP
<b>Interface Order Code</b>	1846300
<b>Legacy Code</b>	UCBUP
<b>Notes</b>	Update to specimen information, reference range, and performed days.
Required Testing Changes	
<b>Specimen Information</b>	<p><i>Specimen Information:</i></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• This test is designed to detect buprenorphine and norbuprenorphine.</li> <li>• Quantitatively identifies drugs.</li> <li>• Potential ordering options:</li> <li>• Buprenorphine confirmation panel that includes naloxone, UCSUB.</li> <li>• Expanded opioid confirmation panel, UCOPE.</li> </ul>
<b>Reference Range</b>	Decision level Buprenorphine: 5 ng/mL Norbuprenorphine: 5 ng/mL
<b>Performed Days</b>	Monday - Friday

Update Existing Test	
<b>Name</b>	Fentanyl and Metabolite, Urine, Confirmation
<b>Code</b>	UCFNT
<b>Interface Order Code</b>	3000017
<b>Legacy Code</b>	UCFNT
<b>Notes</b>	Update to specimen information and performed days.
Required Testing Changes	
<b>Specimen Information</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• This test is designed to detect fentanyl and norfentanyl.</li> <li>• Quantitatively identifies drugs.</li> <li>• Alternative ordering options:</li> <li>• Single screen with reflex to confirmation, UFEN5.</li> <li>• Expanded opioid confirmation panel, UCOPE.</li> </ul>
<b>Performed Days</b>	Monday - Friday

Update Existing Test	
<b>Name</b>	Meperidine, Urine, Confirmation
<b>Code</b>	UCMPE
<b>Interface Order Code</b>	3000027
<b>Legacy Code</b>	UCMPE
<b>Notes</b>	Update to clinical information and performed days.
Required Testing Changes	
<b>Clinical Information</b>	<p>This test is for clinical use only and not intended for employment related testing.            This test is designed to detect meperidine and normeperidine.            Quantitatively identifies drugs.            Alternative ordering options:            Single screen with reflex to confirmation, UMEP5.            Expanded opioid confirmation panel, UCOPE.</p>
<b>Performed Days</b>	Monday - Friday



Update Existing Test	
<b>Name</b>	Clinical Urine Expanded Opioid Confirm
<b>Code</b>	UCOPE
<b>Interface Order Code</b>	3000811
<b>Legacy Code</b>	UCOPE
<b>Notes</b>	Update to specimen information, stability, methodology, and reference range.
Required Testing Changes	
<b>Specimen Information</b>	<p>This test is for clinical use only and not intended for employment related testing.            This panel is designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone and tramadol in urine. See Reference Range for a complete list of analytes included.            Quantitative results are reported.            Alternative ordering options:            Qualitative pain management panel with screen only, PN03A.            Quantitative pan management panel with reflex to confirmation, PN03C.</p>
<b>Stability</b>	Room temperature: 48 hours Refrigerated: 14 days <b>Frozen: 30 days</b>
<b>Methodology</b>	<b>Liquid Chromatography/Tandem Mass Spectrometry</b>
<b>Reference Range</b>	Confirmation decision level: Fentanyl: 1 ng/mL Norfentanyl: 1 ng/mL Buprenorphine: 5 ng/mL Naloxone: 5 ng/mL Norbuprenorphine: 5 ng/mL O-desmethyltramadol: 5 ng/mL Tramadol: 5 ng/mL Codeine: 25 ng/mL Morphine: 25 ng/mL Hydrocodone: 25 ng/mL Hydromorphone: 25 ng/mL Oxycodone: 25 ng/mL Oxymorphone: 25 ng/mL

Update Existing Test	
<b>Name</b>	Suboxone Urine
<b>Code</b>	UCSUB
<b>Interface Order Code</b>	1848200
<b>Legacy Code</b>	UCSUB
<b>Notes</b>	Update to specimen information, specimen requirements, stability, reference range, and performed days.
Required Testing Changes	
<b>Specimen Required</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• This test is designed to detect naloxone, buprenorphine, and norbuprenorphine.</li> <li>• Quantitatively identifies drugs.</li> <li>• Alternate ordering option: Expanded opioid confirmation panel, UCOPE.</li> </ul> <p><i>Collect:</i> Random urine  <b>Specimen Preparation:</b> Mix well and send 10.0 mL urine in a screw capped plastic urine container.  <b>Minimum Volume:</b> 3.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p>Room temperature: 48 hours            Refrigerated: 14 days  <b>Frozen: 30 days</b></p>
<b>Reference Range</b>	<p><b>Decision level</b>            Naloxone: 5 ng/mL            Buprenorphine: 5 ng/mL            Norbuprenorphine: 5 ng/mL</p>
<b>Performed Days</b>	<b>Monday - Friday</b>

Update Existing Test	
Name	Tramadol, Urine, Confirmation
Code	UCTRM
Interface Order Code	3000038
Legacy Code	UCTRM
Notes	Update to specimen information, reference range, and performed days.
Required Testing Changes	
Specimen Information	<p>This test is for clinical use only and not intended for employment related testing.            This test is designed to detect tramadol and O-desmethytramadol.            Quantitatively identifies drugs.            Alternative ordering options: Single screen with reflex to confirmation, UTRM5.</p>
Reference Range	<p>Decision level            Tramadol: 5 ng/mL            O-desmethytramadol: 5 ng/mL</p>
Performed Days	Monday - Friday

Update Existing Test	
Name	Drug Screen 6 TLC (Pain)
Code	UDC6P
Interface Order Code	1836780
Legacy Code	UDC6P
Notes	Update to CPT Code(s), specimen requirements, rejection criteria, stability, methodology, reference range, performed days, turnaround time, and performing laboratory.
Required Testing Changes	
CPT Code(s)	80324, 80337, 80342, 80369, 80375
Specimen Required	<p><b>Specimen Information:</b> This test is for Clinical use only.            Test designed to detect caffeine, meprobamate, phenothiazines, phenylpropanolamine, tricyclic antidepressants and ephedrine/pseudoephedrine.            Positive results are considered presumptive results and are not confirmed.            Not intended for quantitation of drugs or for routine drug monitoring.  <b>Collect:</b> Random urine  <b>Specimen Preparation:</b> Send 20.0 mL of urine in a screw capped plastic urine container.  <b>Minimum Volume:</b> 15.0 mL  <b>Transport Temperature:</b> Refrigerated</p>
Rejection Criteria	Urine catheter cup (with needle)
Stability	<p>Room temperature: 48 hours            Refrigerated: 14 days            Frozen: 30 days</p>
Methodology	Enzyme Immunoassay, Gas Chromatography/Mass Spectrometry
Reference Range	See report
Performed Days	Monday - Friday
Turnaround Time	1 - 3 days
Performing Laboratory	Warde Medical Laboratory

Update Existing Test	
<b>Name</b>	Drug Screen, Urine Comprehensive
<b>Code</b>	UDS01
<b>Interface Order Code</b>	1820000
<b>Legacy Code</b>	UDS
<b>Notes</b>	Update to specimen information, methodology, and performed days.
Required Testing Changes	
<b>Specimen Information</b>	<p><b>Specimen Information:</b>            This test is for clinical use only.            Qualitative analysis of urine.            Useful test for suspicion of attempted suicide, if patient is unconscious or accidental poisoning through the ingestion of drugs.            This panel is designed to detect several different pharmaceutical and illicit drugs. A complete list of drugs detected is provided, UDS01.            Positive results are considered presumptive results and are not confirmed. Exceptions include amphetamine and PCP, which are confirmed to ensure accuracy of qualitative results.            Not intended for quantitation of drugs or for routine drug monitoring.</p>
<b>Methodology</b>	Enzyme Immunoassay, Gas Chromatography/Mass Spectrometry
<b>Performed Days</b>	Monday - Friday

Update Existing Test	
<b>Name</b>	Ethylene Glycol, Urine
<b>Code</b>	UEYGC
<b>Interface Order Code</b>	1755260
<b>Legacy Code</b>	UETHGL
<b>Notes</b>	Update to specimen requirements, stability, reference range, and performed days.
Required Testing Changes	
<b>Specimen Required</b>	<i>Collect:</i> Random urine <i>Specimen Preparation:</i> Send 2.5 mL urine in a screw capped plastic urine container. <b>Minimum Volume: 1.0 mL</b> <i>Transport Temperature:</i> Refrigerated
<b>Stability</b>	Room temperature: 48 hours <b>Refrigerated: 14 days</b> <b>Frozen: 30 days</b>
<b>Reference Range</b>	<b>Decision level: 5 mg/dL</b> <b>Critical level: ≥20 mg/dL</b>
<b>Performed Days</b>	<b>Monday - Friday</b>

Update Existing Test	
<b>Name</b>	Urine Free Cortisol
<b>Code</b>	UFC01
<b>Interface Order Code</b>	1047005
<b>Legacy Code</b>	UFC
<b>Notes</b>	Update to specimen requirements and alternate specimen.
Required Testing Changes	
<b>Specimen Required</b>	<i>Collect:</i> Collect 24 hour urine, refrigerate during collection. <i>Specimen Preparation:</i> Mix well and send 20.0 mL aliquot in a screw capped plastic urine container. Record total volume on request form and sample label. pH 5-8 <b>Minimum Volume: 5.0 mL</b> <i>Transport Temperature:</i> Refrigerated
<b>Alternate Specimen</b>	<b>No alternate specimen listed.</b>

Update Existing Test	
<b>Name</b>	Fentanyl, Screen, Urine with Reflex to Confirmation
<b>Code</b>	UFEN5
<b>Interface Order Code</b>	3000011
<b>Legacy Code</b>	UFEN5
<b>Notes</b>	Update to specimen information, methodology, and reference range.
Required Testing Changes	
<b>Specimen Information</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• This test is designed to detect fentanyl and norfentanyl in urine.</li> <li>• Qualitative screening results are reported.</li> <li>• Positive screen results will automatically reflex to confirmation at an additional charge.</li> <li>• Quantitative confirmation results are reported.</li> <li>• Alternative ordering options: <ul style="list-style-type: none"> <li>• Quantitative fentanyl confirmation test, UCFNT.</li> <li>• Quantitative expanded opioid confirmation panel, UCOPE.</li> </ul> </li> </ul>
<b>Methodology</b>	Enzyme Immunoassay
<b>Reference Range</b>	<p>Screen decision level: 2 ng/mL</p> <p>Confirmation decision level: Fentanyl: 1 ng/mL Norfentanyl: 1 ng/mL</p>

Update Existing Test	
<b>Name</b>	Methylenedioxymethamphetamine (MDMA + MDA), Urine, Quantitative
<b>Code</b>	UMDGL
<b>Interface Order Code</b>	1821300
<b>Legacy Code</b>	UMDMAGL
<b>Notes</b>	Update to specimen information, methodology, and reference range.
Required Testing Changes	
<b>Specimen Information</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• This test is designed to detect MDMA (Ecstasy) and MDA (Ecstasy metabolite).</li> <li>• Quantitatively identifies drugs.</li> <li>• Alternative ordering options: <ul style="list-style-type: none"> <li>• Single screen with reflex to qualitative confirmation, UMDM1.</li> <li>• Expanded amphetamine confirmation panel, UCAMP.</li> </ul> </li> </ul>
<b>Methodology</b>	Liquid Chromatography/Tandem Mass Spectrometry
<b>Reference Range</b>	<p>Decision level MDMA: 100 ng/mL MDA: 100 ng/mL</p>

Update Existing Test	
<b>Name</b>	Methylenedioxyamphetamine (Ecstasy MDMA), Urine, Qualit
<b>Code</b>	UMDM1
<b>Interface Order Code</b>	1839020
<b>Legacy Code</b>	UMDMA
<b>Notes</b>	Update to specimen information, methodology, reference range, and performed days.
Required Testing Changes	
<b>Specimen Information</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• This test is designed to detect MDMA (Ecstasy) and MDA (Ecstasy metabolite).</li> <li>• Qualitative detection of drug present in the urine.</li> <li>• Positive Screen results will automatically reflex to confirmation.</li> <li>• Qualitative confirmatory results are reported.</li> <li>• Alternative ordering options:</li> </ul> <p>Quantitative confirmation of MDMA and metabolite, UMDM1. Expanded amphetamine confirmation panel, UCAMP.</p>
<b>Methodology</b>	<b>Enzyme Immunoassay</b>
<b>Reference Range</b>	<p>Screen decision level: 500 ng/mL</p> <p><b>Confirmation decision level:</b></p> <p><b>MDMA: 100 ng/mL</b></p> <p><b>MDA: 100 ng/mL</b></p>
<b>Performed Days</b>	<b>Monday - Friday</b>

Update Existing Test	
<b>Name</b>	Meperidine Screen, Urine with Reflex to Confirmation
<b>Code</b>	UMEP5
<b>Interface Order Code</b>	3000022
<b>Legacy Code</b>	UMEP5
<b>Notes</b>	Update to specimen information, methodology, and reference range.
Required Testing Changes	
<b>Specimen Information</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• This test is designed to detect meperidine and normeperidine in urine.</li> <li>• Qualitative screening results are reported.</li> <li>• Positive screen results will automatically reflex to confirmation at an additional charge.</li> <li>• Quantitative confirmation results are reported.</li> <li>• Alternative ordering options:               <ul style="list-style-type: none"> <li>• Quantitative meperidine confirmation test, UCMPE.</li> <li>• Quantitative expanded opioid confirmation panel, UCOPE.</li> </ul> </li> </ul>
<b>Methodology</b>	Enzyme Immunoassay
<b>Reference Range</b>	Screen decision level: 200 ng/mL Confirmation decision level: Meperidine: 5 ng/mL Normeperidine: 5 ng/mL

Update Existing Test																	
<b>Name</b>	Nicotine and Metabolites, Urine																
<b>Code</b>	UNICO																
<b>Interface Order Code</b>	1860600																
<b>Legacy Code</b>	NICOTUR																
<b>Notes</b>	Update to specimen requirements, rejection criteria, stability, and reference range.																
Required Testing Changes																	
<b>Specimen Required</b>	<p><i>Collect:</i> Urine  <i>Specimen Preparation:</i> Mix well and send 5.0 mL urine in a screw capped plastic urine container.  <b>Minimum Volume: 1.0 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>																
<b>Rejection Criteria</b>	Urine catheter cup (with needle); <b>preservative</b>																
<b>Stability</b>	Room temperature: 3 days <b>Refrigerated: 7 days</b> Frozen: 14 days																
<b>Reference Range</b>	<table border="1"> <thead> <tr> <th></th> <th>Active Tobacco User</th> <th>Passive Exposure</th> <th>Abstinence 2 weeks and more</th> </tr> </thead> <tbody> <tr> <td>Nicotine</td> <td>1000 – 5000 ng/mL</td> <td>&lt;20 ng/mL</td> <td>&lt;30 ng/mL</td> </tr> <tr> <td>Cotinine</td> <td>1000 – 8000 ng/mL</td> <td>&lt;20 ng/mL</td> <td>&lt;50 ng/mL</td> </tr> <tr> <td>Anabasine</td> <td>3 – 500 ng/mL</td> <td>&lt;3 ng/mL</td> <td>&lt;3 Ng/ML</td> </tr> </tbody> </table>		Active Tobacco User	Passive Exposure	Abstinence 2 weeks and more	Nicotine	1000 – 5000 ng/mL	<20 ng/mL	<30 ng/mL	Cotinine	1000 – 8000 ng/mL	<20 ng/mL	<50 ng/mL	Anabasine	3 – 500 ng/mL	<3 ng/mL	<3 Ng/ML
	Active Tobacco User	Passive Exposure	Abstinence 2 weeks and more														
Nicotine	1000 – 5000 ng/mL	<20 ng/mL	<30 ng/mL														
Cotinine	1000 – 8000 ng/mL	<20 ng/mL	<50 ng/mL														
Anabasine	3 – 500 ng/mL	<3 ng/mL	<3 Ng/ML														



Update Existing Test	
<b>Name</b>	Oxycodone, Urine, Qualitative Includes Oxycodone and Oxymorphone
<b>Code</b>	UOXYC
<b>Interface Order Code</b>	1830220
<b>Legacy Code</b>	UOXYC
<b>Notes</b>	Update to specimen information, specimen requirements, methodology, reference range, and performed days.
Required Testing Changes	
<b>Specimen Required</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• This test is designed to detect oxycodone and oxymorphone.</li> <li>• Qualitative detection of drug present in the urine.</li> <li>• Positive screen results will automatically reflex to confirmation.</li> <li>• Qualitative confirmatory results are reported.</li> <li>• Alternative ordering options: <ul style="list-style-type: none"> <li>• Quantitative opiate confirmation panel, UCOPT</li> <li>• Quantitative expanded opioid confirmation panel, UCOPE.</li> </ul> </li> </ul> <p><i>Collect:</i> Random urine  <i>Specimen Preparation:</i> Send 10.0 mL urine in a screw capped plastic urine container.  <b>Minimum Volume: 3.0 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Methodology</b>	<b>Enzyme Immunoassay</b>
<b>Reference Range</b>	<p>Screen decision level: 100 ng/mL</p> <p>Confirmation decision level:  Oxycodone: 25 ng/mL  Oxymorphone: 25 ng/mL</p>
<b>Performed Days</b>	Monday - Friday

Update Existing Test	
Name	Phenothiazine Screen-Urine
Code	UPNZ2
Interface Order Code	1832400
Legacy Code	UPHENO
Notes	Update to specimen information, reference range, and performed days.
Required Testing Changes	
Specimen Information	<p><b>Specimen Information:</b>            This test is for Clinical use only.            Qualitative analysis of urine.            Test designed to detect phenothiazines including: chlorpromazine, promethazine, prochlorperazine and thioridazine.            Positive results are considered presumptive results and are not confirmed.            Not intended for quantitation of drugs or for routine drug monitoring.            False negative results may occur if drugs are present below the tests limit of detection.</p>
Reference Range	See report
Performed Days	Monday - Friday

Update Existing Test	
Name	Salicylate, Urine
Code	USAL2
Interface Order Code	1832800
Legacy Code	USAL
Notes	Update to specimen information, methodology, reference range, and performed days.
Required Testing Changes	
Specimen Information	<p><b>Specimen Information:</b>            This test is for Clinical use only.            Qualitative analysis of urine.            Test designed to detect salicylate.            Positive results are considered presumptive results and are not confirmed.            Not intended for quantitation of drugs or for routine drug monitoring.            False negative results may occur if drugs are present below the tests limit of detection.</p>
Methodology	Colorimetric Spot Test
Reference Range	See report
Performed Days	Monday - Friday

Update Existing Test	
<b>Name</b>	Tramadol Screen with Reflex to Confirmation
<b>Code</b>	UTRM5
<b>Interface Order Code</b>	3000032
<b>Legacy Code</b>	UTRM5
<b>Notes</b>	Update to specimen information, specimen requirements, methodology, and reference range.
Required Testing Changes	
<b>Specimen Required</b>	<p><b>Specimen Information:</b></p> <ul style="list-style-type: none"> <li>• This test is for clinical use only and not intended for employment related testing.</li> <li>• This test is designed to detect tramadol and O-desmethyltramadol in urine.</li> <li>• Qualitative screening results are reported.</li> <li>• Positive screen results will automatically reflex to confirmation at an additional charge.</li> <li>• Quantitative confirmation results are reported.</li> <li>• Alternative ordering options:               <ul style="list-style-type: none"> <li>• Quantitative tramadol confirmation test, UCTRM.</li> <li>• Quantitative expanded opioid confirmation panel, UCOPE.</li> </ul> </li> </ul> <p><i>Collect:</i> Random urine  <i>Specimen Preparation:</i> Send 10.0 mL urine in a screw capped plastic urine container.  <b>Minimum Volume: 3.0 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Methodology</b>	<b>Enzyme Immunoassay</b>
<b>Reference Range</b>	<p>Screen decision level: 200 ng/mL</p> <p>Confirmation decision level:            Tramadol: 5 ng/mL            O-desmethyltramadol: 5 ng/mL</p>

Update Existing Test	
<b>Name</b>	ZONISAMIDE (ZONEGRAN)
<b>Code</b>	ZONIS
<b>Interface Order Code</b>	1893050
<b>Legacy Code</b>	ZONIS
<b>Notes</b>	Update to specimen requirements, alternate specimen, rejection criteria, and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells <b>within two hours</b> and send 1.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	<b>No alternate specimen types listed.</b>
<b>Rejection Criteria</b>	<b>Serum separator tube (SST), grossly hemolyzed or lipemic.</b>
<b>Stability</b>	<p>Room temperature: 48 hours  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>