

Overview**Method Name**

Gas Chromatography/Mass Spectrometry (GC/MS)

NY State Available

Yes

Specimen**Specimen Type**

Varies

Specimen Required

Submit only 1 of the following specimens:

Plasma

Draw blood in a green-top (sodium heparin) tube(s), plasma gel tube is not acceptable. Spin down and send 5 mL sodium heparin plasma refrigerated in a plastic vial.

Serum

Draw blood in a plain red-top tube(s), serum gel tube is not acceptable. Spin down and send 5 mL of serum refrigerated in a plastic vial.

Specimen Minimum Volume

2 mL

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	14 days	
	Frozen	180 days	

Clinical & Interpretive**Reference Values**

Reference Range: 10 – 100 ng/mL

Performance**PDF Report**

No

Day(s) Performed

Monday through Sunday

Report Available

5 to 9 days

Performing Laboratory Location

Medtox Laboratories, Inc.

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

CPT Code Information

80324

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FDXAP	Dextroamphetamine	9814-5

Result ID	Test Result Name	Result LOINC® Value
Z3319	Dextroamphetamine	9814-5