

Test Definition: FVIST

Hydroxyzine (Vistaril, Atarax), Serum

Overview

Method Name

Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/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 3 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 3 mL of serum refrigerated in a plastic vial.

Specimen Minimum Volume

0.6 mL

Reject Due To

Hemolysis	NA NA
Lipemia	NA NA
Icterus	NA NA
Other	NA

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	7 days	
	Ambient	72 hours	
	Frozen	180 days	



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Clinical & Interpretive

Reference Values

Reference Range: 10 - 100 ng/mL

Performance

PDF Report

No

Day(s) Performed

Monday through Sunday

Report Available

7 to 11 days

Specimen Retention Time

2 weeks

Performing Laboratory Location

Medtox Laboratories, Inc.

Fees & Codes

Fees

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

CPT Code Information

80299

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FVIST	Hydroxyzine (Vistaril)	3686-3

Result ID	Test Result Name	Result LOINC® Value
Z1151	Hydroxyzine (Vistaril)	3686-3