

Overview**Method Name**

Gas Chromatography/Flame Ionization Detection (GC-FID)

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 2 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 2 mL of serum refrigerated in a plastic vial.

Specimen Minimum Volume

0.25 mL

Reject Due To

| | |
|-----------|----|
| Hemolysis | NA |
| Lipemia | NA |
| Icterus | NA |
| Other | NA |

Specimen Stability Information

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

| | | | |
|--|--------|----------|--|
| | Frozen | 180 days | |
|--|--------|----------|--|

Clinical & Interpretive

Reference Values

10.0 - 40.0 ug/mL

Methsuximide measured as desmethylmethsuximide.

Performance

PDF Report

No

Day(s) Performed

Monday through Sunday

Report Available

3 to 7 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

80339

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|-----------|-------------------------|---------------------|
| FMETX | Methsuximide (Celontin) | 3801-8 |
| Result ID | Test Result Name | Result LOINC® Value |
| | | |

Z1107

Methsuximide

3801-8