TEST CHANGE

Gamma-Hydroxybutyric Acid (GHB), Urine - Screen with Reflex to Confirmation/Quantitation

0091161, GHB U

Specimen Requirements:	
Patient Preparation:	
Collect:	~~Random urine~~Urine.
Specimen Preparation:	Transfer ~~5~~2 mL urine to an ARUP ~~Standard Transport Tubes.~~standard transport tube. (Min: ~~2.8~~0.9 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	~~Refrigerated~~Frozen. Also acceptable: Room temperature or ~~frozen~~refrigerated.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: -1 week; Refrigerated: 1 week; Frozen: 3 weeks
Methodology:	Gas Chromatography-Tandem Mass Spectrometry
Note:	If ~~Gamma-Hydroxybutyric Acid Screen~~gamma-hydroxybutyric acid is detected, then confirmation testing will be added at no additional charge.
CPT Codes:	80307; if positive add ~~80375 (Alt code: if positive add G0480)~~82542, 82570.
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	

Reference Interval:

~~By~~Refer to report