

TEST CHANGE

Drug Profile, Targeted by Tandem Mass Spectrometry and Enzyme Immunoassay, Urine
2007479, PAIN HYB U

Specimen Requirements:

Patient Preparation:

Collect: Random urine.

Specimen Preparation: Transfer 4 mL each into two (2) ARUP [standard transport tubes of Standard Transport Tubes](#) urine with no additives or preservatives. (Min: 2 mL each)

Transport Temperature: Refrigerated.

Unacceptable Conditions: Specimens exposed to repeated freeze/thaw cycles.

Remarks:

Stability: Ambient: 1 week (Clonazepam may be unstable at ambient condition beyond three days); Refrigerated: 1 month; Frozen: 1 month

Methodology: Qualitative [Liquid Chromatography](#)-Tandem Mass Spectrometry/Qualitative Enzyme Multiplied Immunoassay Technique (EMIT)/Qualitative Spectrophotometry

Performed: Sun-Sat

Reported: 1-3 days

Note: Creatinine concentration is also provided. The carisoprodol immunoassay has cross-reactivity to carisoprodol and meprobamate.

CPT Codes: 80326; 80347; 80364; 80355; 80307 (Alt code: G0481)

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Methodology: Qualitative Enzyme Immunoassay and Qualitative Liquid Chromatography-Tandem Mass Spectrometry, Quantitative Spectrophotometry

The absence of expected drug(s) and/or drug metabolite(s) may indicate noncompliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration must be greater than or equal to the cutoff concentration to be reported as present. If specific drug concentrations are required, contact the laboratory within two weeks of specimen collection to request confirmation and

quantification by a second analytical technique. Interpretive questions should be directed to the laboratory.

Results based on immunoassay detection that do not match clinical expectations should be interpreted with caution. Confirmatory testing by mass spectrometry for immunoassay-based results is available, if ordered within two weeks of specimen collection. Additional charges apply.

For medical purposes only; not valid for forensic use.-

~~This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.~~

Reference Interval:

Drugs covered and range of cutoff concentrations. Note: Some drugs are identified based on the presence of unique drug metabolites not listed below.

Drugs/Drug Classes	Range of Cutoff Concentrations
Barbiturates	200 ng/mL
Benzodiazepine-like: alprazolam, clonazepam, diazepam, lorazepam, midazolam, nordiazepam, oxazepam, temazepam, zolpidem	20 - 60 ng/mL
Cannabinoids (11-nor-9-carboxy-THC)	50 ng/mL
Ethyl Glucuronide	500 ng/mL
Muscle Relaxant(s): carisoprodol, meprobamate	100 ng/mL
Opiates/Opioids: buprenorphine, codeine, fentanyl, heroin, hydrocodone, hydromorphone, meperidine, methadone, morphine, naloxone, oxycodone, oxymorphone, tapentadol, tramadol	2-200 ng/mL
GABA analogues: Gabapentin, pregabalin	3,000 ng/mL

Phencyclidine (PCP)	25 ng/mL	
Stimulants: amphetamine, cocaine, methamphetamine, methylphenidate, MDMA (Ecstasy), MDEA (Eve), MDA, phentermine	50-200 ng/mL	