

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 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
Note:	Creatinine concentration is also provided. The carisoprodol immunoassay has cross-reactivity to carisoprodol and meprobamate.
CPT Codes:	80307; 80326; 80359; 80360; 80361; 80364; 80365; 80372; 80348; 80354; 80356; 80347; 80368; 80366; 80355 (Alt code: G0482)

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

Interpretive Data:

Flagging indicates a positive result; not that the result is abnormal.

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.

For assay cutoff concentrations and more information about drug classes and metabolism, see



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and its Department of Pathology*

Effective Date: **October 19, 2026**

Additional Technical Information on the ARUP Laboratory Test Directory.

Reference Interval:

[Refer to report](#)

Inserted Cells

HOTLINE NOTE: There is a component change associated with this test. One or more components have been added or removed. Refer to the Hotline Test Mix for interface build information.