TEST CHANGE

Drug Profile, Targeted with Interpretation by Tandem Mass Spectrometry and Enzyme Immunoassay, Urine

2009288, PAIN HYB 2

Specimen Requirements:	
Patient Preparation:	Information on the patient's current medications must be submitted with the order. Include trade name, generic name, dosing frequency, and date of last dose, if known. Alternatively, please indicate if no prescription medication or drugs are being taken.
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:	Quantitative ~~Liquid Chromatography-~~Tandem Mass Spectrometry/Qualitative Enzyme Multiplied Immunoassay Technique (EMIT)/Quantitative Spectrophotometry
Performed:	Sun-Sat
Reported:	1-4 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 non-compliance, 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,	2-200 ng/mL

oxycodone, oxymorphone, tapentadol, tramadol		
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	

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.