

TEST CHANGE

Antimicrobial Level, ~~Cycloserine, Serum~~ **or Plasma**

2009367, CYCLOS

Specimen Requirements:

Patient Preparation:

Collect: Plain red. ~~Also acceptable: Dark green (sodium or lithium heparin).~~

Specimen Preparation: Separate from cells ASAP or within one hour of collection. Transfer 2 mL serum ~~or plasma~~ to an ARUP standard transport tube and freeze immediately. (Min: 0.5 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: CRITICAL FROZEN.

Unacceptable Conditions: Severely hemolyzed or thawed specimens.

Remarks:

Stability: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

Methodology: Quantitative Colorimetry

Note:

CPT Codes: 80299

New York DOH Approval Status: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.

Interpretive Data:

Reference Interval:

~~By report~~

Deleted Cells