

**TEST CHANGE**

**Barbiturates, Serum or Plasma, Quantitative**

2012201, BARBS SP

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Gray (sodium fluoride/potassium oxalate). Also acceptable: Plain red, green (sodium heparin), lavender (EDTA), or pink (K2EDTA).

**Specimen Preparation:** Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 3.5 mL serum or plasma to an ARUP [standard transport tube](#). ~~Standard Transport Tube~~. (Min: 1.5 mL)

**Transport Temperature:** Refrigerated.

**Unacceptable Conditions:** Separator tubes. Plasma or whole blood collected in ~~light~~-blue (sodium citrate). Specimens exposed to repeated freeze/thaw cycles. Hemolyzed specimens.

**Remarks:**

**Stability:** After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years

**Methodology:** Quantitative Gas Chromatography-Mass Spectrometry/Quantitative Liquid Chromatography-Tandem Mass Spectrometry

**Performed:** Tue, Thu, Sat

**Reported:** 1-~~7~~4 days

**Note:**

**CPT Codes:** 80345 (Alt code: G0480)

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

**Interpretive Data:**

**Methodology:** Quantitative Gas Chromatography-Mass Spectrometry/Quantitative Liquid Chromatography-Tandem Mass Spectrometry.

**Positive cutoff:** 50 ng/mL

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

The absence of expected drug(s) and/or drug metabolite(s) may indicate ~~noncompliance~~**non-compliance**, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

~~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 | Cutoff Concentrations |
|---------------|-----------------------|
| Butalbital    | 50 ng/mL              |
| Pentobarbital | 50 ng/mL              |
| Phenobarbital | 50 ng/mL              |