TEST CHANGE

Propoxyphene and Metabolite, Urine

3003726, PROPOX U

Specimen Requirements:	
Patient Preparation:	
Collect:	Urine
Specimen Preparation:	Transfer 2 mL urine to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.7 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen~~Refrigerated~~. Also acceptable: Refrigerated~~Frozen~~
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 3 days~~72 hours~~; Refrigerated: 1 week; Frozen: 3 months
Methodology:	Quantitative Gas Chromatography-Mass Spectrometry (GC-MS)
Note:	Amitriptyline is a known interference.
CPT Codes:	80367 ~~(Alt code: G0480)~~
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
Refer to~~By~~ report	