

NEW TEST

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Methotrexate, Serum or Plasma

3019648, METHOTREX

Specimen Requirements:

Patient Preparation:

Collect: Plain red, lavender (K2EDTA), or green (sodium heparin)

Specimen Preparation: Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Room temperature. Also acceptable: Refrigerated or frozen.

Unacceptable Conditions: Polymer gel separation tube (SST or PST)

Remarks:

Stability: Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 weeks

Methodology: Liquid Chromatography-Tandem Mass Spectrometry

Performed: Varies

Reported: 6-8 days

Note:

CPT Codes: 80204

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

Interpretive Data:

Reference Interval:

Test Number	Components	Reference Interval

HOTLINE NOTE: Refer to the Hotline Test Mix for interface build information.