

Overview

Method Name

Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)

NY State Available

Yes

Specimen

Specimen Type

Varies

Specimen Required

Submit only 1 of the following specimens

Specimen Type: Serum

Collection Container/Tube: Red top (serum gel/SST are **not acceptable**)

Submission Container/Tube: Plastic vial

Specimen Volume: 2 mL Serum

Collection Instructions:

1. Centrifuge and aliquot 2 mL serum into a plastic vial.
2. Send refrigerate.

Additional Information: Trough levels are the most reproducible.

Specimen Type: Plasma

Collection Container/Tube: Green top (sodium heparin) (plasma gel/PST are **not acceptable**)

Submission Container/Tube: Plastic vial

Specimen Volume: 2 mL Plasma

Collection Instructions:

1. Centrifuge and aliquot 2 mL plasma into a plastic vial.
2. Send refrigerate.

Additional Information: Trough levels are the most reproducible.

Specimen Minimum Volume

Serum/Plasma: 0.5 mL

Reject Due To

All specimens will be evaluated by the processing and performing laboratories for test suitability.

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	7 days	
	Ambient	72 hours	
	Frozen	25 days	

Clinical & Interpretive

Clinical Information

Refer to <https://medtox.labcorp.com/test-menu>.

Reference Values

Expected steady state plasma levels in patients receiving recommended daily dosages: 109.0 - 585.0 ng/mL

Performance

PDF Report

No

Day(s) Performed

Monday through Sunday

Report Available

5 to 9 days

Performing Laboratory Location

Medtox Laboratories, Inc.

Fees & Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

CPT Code Information

80299

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FARI	Aripiprazole	38893-4

Result ID	Test Result Name	Result LOINC® Value
Z2233	Aripiprazole	38893-4