



# Test Definition: PNZN

Perphenazine, Serum or Plasma

## 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:** Plasma

**Supplies:** Amber Frosted Tube, 5 mL (T915)

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

**Submission Container/Tube:** Amber plastic vial

**Specimen Volume:** 3 mL

**Collection Instructions:**

1. Draw blood in a green-top (sodium heparin) tube.
2. Centrifuge and aliquot 3 mL plasma into an amber vial to protect from light and refrigerate immediately.
3. Ship refrigerated.

**Specimen Type:** Serum

**Supplies:** Amber Frosted Tube, 5 mL (T915)

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

**Submission Container/Tube:** Amber Plastic vial

**Specimen Volume:** 3 mL

**Collection Instructions:**

1. Draw blood in a plain red-top tube.
2. Centrifuge and aliquot 3 mL of serum into an amber vial to protect from light and refrigerate immediately.
3. Ship refrigerated.

### Specimen Minimum Volume

0.5 mL

### Reject Due To

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	7 days	LIGHT PROTECTED
	Ambient	72 hours	LIGHT PROTECTED
	Frozen	180 days	LIGHT PROTECTED

**Clinical & Interpretive****Reference Values**

Reference Range: 5.0 - 30.0 ng/mL

Low-dose therapeutic range for Perphenazine: 0.5 - 2.5 ng/mL

**Performance****PDF Report**

No

**Day(s) Performed**

Monday through Friday

**Report Available**

7 to 9 days

**Specimen Retention Time**

2 weeks

**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](#).

**CPT Code Information**

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80299

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
PNZN	Perphenazine (Trilafon)	3927-1

Result ID	Test Result Name	Result LOINC® Value
Z1052	Perphenazine	3927-1