

**Overview****Method Name**

Gas Chromatography/Mass Spectrometry (GC/MS)

**NY State Available**

Yes

**Specimen****Specimen Type**

Serum Red

**Specimen Required**

Draw blood in a plain red-top tube(s), **serum gel tube is not acceptable**. Spin down and send 5 mL of serum refrigerated in a plastic vial.

**Specimen Minimum Volume**

2 mL

**Reject Due To**

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum Red	Refrigerated (preferred)	14 days	
	Frozen	180 days	
	Ambient	72 hours	

**Clinical and Interpretive****Reference Values**

Report Limit: 1 ng/mL

Reference Range: 21-65 ng/mL

**Performance**

**PDF Report**

No

**Day(s) and Time(s) Test Performed**

Monday through Sunday

**Analytic Time**

5 days

**Maximum Laboratory Time**

7 - 9 days

**Performing Laboratory Location**

Medtox Laboratories, Inc.

**Fees and 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 Regional Manager. For assistance, contact [Customer Service](#).

**Test Classification**

In-house validated method

**CPT Code Information**

80361

**LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
FMORS	Morphine, Serum	74131-4

Result ID	Test Result Name	Result LOINC Value
Z4769	Morphine	74131-4