



Effective Date:
Monday, August 15, 2022

Test Updates

Immediate Action

Modified

Updated: Test Names for 1864B, 1864FL, 1864SP, 1864TI, 1864U

In our continuing effort to provide you with the highest quality toxicology laboratory services available, we have compiled important changes regarding a number of tests we perform. Listed below are the types of changes that may be included in this notification, effective Monday, August 15, 2022

Test Changes - Tests that have had changes to the method/ CPT code, units of measurement, scope of analysis, reference comments, or specimen requirements.

Discontinued Tests - Tests being discontinued with alternate testing suggestions.

Please use this information to update your computer systems/records. These changes are important to ensure standardization of our mutual laboratory databases.

If you have any questions about the information contained in this notification, please call our Client Support Department at (866) 522-2206. Thank you for your continued support of NMS Labs and your assistance in implementing these changes.

The CPT Codes provided in this document are based on AMA guidelines and are for informational purposes only. NMS Labs does not assume responsibility for billing errors due to reliance on the CPT Codes listed in this document.



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Test Updates

Test	Test Name	Test Name	Method / CPT Code	Specimen Req.	Stability	Scope	Units	Reference Comments	Discontinue
54000B	Amphetamines Confirmation (DUID/DRE), Blood				•	•			
54000U	Amphetamines Confirmation (Qualitative) (DUID/DRE), Urine					•			
54001B	Barbiturates Confirmation (DUID/DRE), Blood			•	•	•			
54001U	Barbiturates Confirmation (Qualitative) (DUID/DRE), Urine					•			
52366B	Bath Salts Confirmation, Blood								•
52366SP	Bath Salts Confirmation, Serum/Plasma								•
52366U	Bath Salts Confirmation, Urine								•
54002B	Benzodiazepines Confirmation (DUID/DRE), Blood					•			
54002U	Benzodiazepines Confirmation (Qualitative) (DUID/DRE), Urine					•			
50013TI	Cannabinoids Confirmation (Qualitative), Tissue	•							
54456B	DUID/DRE Designer Benzodiazepines Confirmation, Blood					•			
54458B	DUID/DRE Designer Opioids Confirmation, Blood					•			
8152B	DUID/DRE Expanded Drug Screen Add-On ProofPOSITIVE®, Blood (Forensic)			•		•	•		
8075U	DUID/DRE Expanded Drug Screen Add-On, Urine (Forensic)		•			•	•		
8151B	DUID/DRE Panel (w/Alcohol) ProofPOSITIVE®, Blood (Forensic)					•	•		
8070U	DUID/DRE Panel (w/Alcohol), Urine (Forensic)					•			
8150B	DUID/DRE Panel ProofPOSITIVE®, Blood (Forensic)					•	•		
8071U	DUID/DRE Panel, Urine (Forensic)					•			
90037B	DUID/DRE Screen, Blood (Forensic) (CSA) - Maryland State Police						•		
54457B	DUID/DRE Substituted Cathinone Confirmation, Blood					•			
54457U	DUID/DRE Substituted Cathinone Confirmation, Urine					•			
54456U	Designer Benzodiazepines Confirmation (Qualitative) (DUID/DRE), Urine	•				•			
52493U	Designer Benzodiazepines Confirmation (Qualitative), Urine					•			
52502U	Designer Benzodiazepines Confirmation 1 (Qualitative), Urine	•				•			
52502B	Designer Benzodiazepines Confirmation 1, Blood	•				•			
52502SP	Designer Benzodiazepines Confirmation 1, Serum/Plasma	•				•			
52503U	Designer Benzodiazepines Confirmation 2 (Qualitative), Urine								•



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Test	Test Name	Test Name	Method / CPT Code	Specimen Req.	Stability	Scope	Units	Reference Comments	Discontinue
52503B	Designer Benzodiazepines Confirmation 2, Blood								•
52503SP	Designer Benzodiazepines Confirmation 2, Serum/Plasma								•
52493B	Designer Benzodiazepines Confirmation, Blood					•			
52493SP	Designer Benzodiazepines Confirmation, Serum/Plasma					•			
52488U	Designer Opioids Confirmation (Qualitative), Urine					•			
52488B	Designer Opioids Confirmation, Blood					•			
52500B	Designer Opioids Confirmation, Blood					•			
52488SP	Designer Opioids Confirmation, Serum/Plasma					•			
52500SP	Designer Opioids Confirmation, Serum/Plasma					•			
1480B	Designer Opioids, Blood					•			
1480SP	Designer Opioids, Serum/Plasma					•			
8030B	Drug Facilitated Crime Panel, Blood (Forensic)						•		
8030SP	Drug Facilitated Crime Panel, Serum/Plasma (Forensic)						•		
8030U	Drug Facilitated Crime Panel, Urine (Forensic)						•		
8098B	Drug Screen (GC/MS), Blood					•	•		
8098SP	Drug Screen (GC/MS), Serum/Plasma			•		•	•		
8098U	Drug Screen (GC/MS), Urine					•	•		
1876B	Drug Screen - Expanded, Blood						•		
1876FL	Drug Screen - Expanded, Fluid						•		
1876SP	Drug Screen - Expanded, Serum/Plasma						•		
1876U	Drug Screen - Expanded, Urine						•		
1864U	Drugs of Abuse Screen (10 Panel), Urine	•	•			•			
1864B	Drugs of Abuse Screen (11 Panel), Blood	•				•			
1864FL	Drugs of Abuse Screen (11 Panel), Fluid	•				•			
1864SP	Drugs of Abuse Screen (11 Panel), Serum/Plasma	•				•			
1864TI	Drugs of Abuse Screen (11 Panel), Tissue	•				•			
90023B	Expanded Drug Screen (DUID/DRE), Blood (Forensic) (CSA)					•	•		
52486U	Fentanyl Panel Confirmation, Urine	•				•			
52486B	Fentanyl and 4-ANPP Confirmation, Blood	•				•			



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Test	Test Name	Test Name	Method / CPT Code	Specimen Req.	Stability	Scope	Units	Reference Comments	Discontinue
52486SP	Fentanyl and 4-ANPP Confirmation, Serum/Plasma	•				•			
1860B	GC/MS Drug Screen (Acid/Neutral), Blood						•		
10053U	GC/MS Drug Screen, Urine (CSA)						•		
52320B	Hallucinogens and Stimulants Confirmation 2 (Qualitative), Blood								•
52320SP	Hallucinogens and Stimulants Confirmation 2 (Qualitative), Serum/Plasma								•
52320U	Hallucinogens and Stimulants Confirmation 2 (Qualitative), Urine								•
52081B	Metoclopramide Confirmation, Blood								•
52081FL	Metoclopramide Confirmation, Fluid								•
52081SP	Metoclopramide Confirmation, Serum/Plasma								•
52081TI	Metoclopramide Confirmation, Tissue								•
52081U	Metoclopramide Confirmation, Urine								•
54342U	Mitragynine, Phenazepam Confirmation (Qualitative) (DUID/DRE), Urine								•
8756B	Novel Psychoactive Substances (NPS) Screen 1, Blood					•			
8756SP	Novel Psychoactive Substances (NPS) Screen 1, Serum/Plasma					•			
8756U	Novel Psychoactive Substances (NPS) Screen 1, Urine				•	•			
90036U	Opioids Panel, Urine (CSA)					•			
90035U	Opioids Screen, Urine (CSA)					•			
52326B	Piperazine Designer Drugs Confirmation, Blood								•
52326SP	Piperazine Designer Drugs Confirmation, Serum/Plasma								•
52326U	Piperazine Designer Drugs Confirmation, Urine								•
8155U	Postmortem Designer Opioids Add-On (Qualitative), Urine (Forensic)					•			
8155B	Postmortem Designer Opioids Add-On, Blood (Forensic)					•			
8155SP	Postmortem Designer Opioids Add-On, Serum/Plasma (Forensic)					•			
8063B	Postmortem, Basic to Expanded Upgrade, Blood (Forensic)					•	•		
8063FL	Postmortem, Basic to Expanded Upgrade, Fluid (Forensic)					•	•		
8063SP	Postmortem, Basic to Expanded Upgrade, Serum/Plasma (Forensic)					•	•		
8063TI	Postmortem, Basic to Expanded Upgrade, Tissue (Forensic)					•	•		



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Test	Test Name	Test Name	Method / CPT Code	Specimen Req.	Stability	Scope	Units	Reference Comments	Discontinue
8063U	Postmortem, Basic to Expanded Upgrade, Urine (Forensic)					•	•		
8084B	Postmortem, Expanded w/ Vitreous Alcohol and 6-MAM Confirmation, Blood (Forensic)					•	•		
8042B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)					•	•		
10052B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) (CSA)					•	•		
8057B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood - University of MI (Forensic) (CSA)					•	•		
8062B	Postmortem, Expanded w/o Alcohol, Blood (Forensic)					•	•		
8062FL	Postmortem, Expanded w/o Alcohol, Fluid (Forensic)					•	•		
8062TI	Postmortem, Expanded w/o Alcohol, Tissue (Forensic)					•	•		
8062U	Postmortem, Expanded w/o Alcohol, Urine (Forensic)					•	•		
8054B	Postmortem, Expanded with NPS, Blood (Forensic)					•	•		
8052B	Postmortem, Expanded, Blood (Forensic)					•	•		
90025B	Postmortem, Expanded, Blood (Forensic) (CSA)					•	•		
8052FL	Postmortem, Expanded, Fluid (Forensic)						•		
8052SP	Postmortem, Expanded, Serum/Plasma (Forensic)					•	•		
8052TI	Postmortem, Expanded, Tissue (Forensic)					•	•		
8052U	Postmortem, Expanded, Urine (Forensic)					•	•		
39052B	Postmortem, Expanded-II, Blood (Forensic) (SSA)						•		
39042B	Postmortem, Expanded-II, with Vitreous Alcohol Confirmation, Blood (Forensic) (SSA)						•		
8043B	Postmortem, Expert w/Vitreous Alcohol Confirmation, Blood (Forensic)					•	•		
10092B	Postmortem, Expert w/Vitreous Alcohol Confirmation, Blood (Forensic) (CSA)					•	•		
10151B	Postmortem, Expert w/Vitreous Alcohol Confirmation, Blood (Forensic) (CSA)					•	•		
8092B	Postmortem, Expert, Blood (Forensic)					•	•		
8092FL	Postmortem, Expert, Fluid (Forensic)					•	•		
8092SP	Postmortem, Expert, Serum/Plasma (Forensic)			•		•	•		
8092TI	Postmortem, Expert, Tissue (Forensic)					•	•		



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Test	Test Name	Test Name	Method / CPT Code	Specimen Req.	Stability	Scope	Units	Reference Comments	Discontinue
8092U	Postmortem, Expert, Urine (Forensic)					•	•		
4177B	Postmortem, SUIDS Screen, Blood (Forensic)						•		
52327B	Pyrrolidinophenone Confirmation, Blood								•
52327SP	Pyrrolidinophenone Confirmation, Serum/Plasma								•
52494B	Substituted Cathinone Confirmation, Blood					•			
52494SP	Substituted Cathinone Confirmation, Serum/Plasma					•			
52494U	Substituted Cathinone Confirmation, Urine					•			
52328B	Substituted Cathinone Panel Confirmation, Blood					•			
52328SP	Substituted Cathinone Panel Confirmation, Serum/Plasma					•			
52328U	Substituted Cathinone Panel Confirmation, Urine					•			
1021B	Substituted Cathinone Panel, Blood					•			
1021SP	Substituted Cathinone Panel, Serum/Plasma					•			
1021U	Substituted Cathinone Panel, Urine					•			
5970B	Synthetic Cannabinoids Confirmation (Qualitative), Blood					•			
9566B	Synthetic Cannabinoids Screen (Add-On), Blood					•			
9560B	Synthetic Cannabinoids Screen, Blood					•			



Test Updates

Test Changes

54000B Amphetamines Confirmation (DUID/DRE), Blood

Summary of Changes: Stability was changed.
Scope of Analysis was changed.
Ephedrine, Norpseudoephedrine, Phentermine, Phenylpropanolamine and Pseudoephedrine were removed.

Stability: Room Temperature: 30 day(s)
Refrigerated: 30 day(s)
Frozen (-20 °C): 30 day(s)

Scope of Analysis: LC-MS/MS (80324, 80359): Amphetamine, Methamphetamine, MDA, MDMA, MDEA
Method (CPT Code)

54000U Amphetamines Confirmation (Qualitative) (DUID/DRE), Urine

Summary of Changes: Scope of Analysis was changed.
Ephedrine, Norpseudoephedrine, Phentermine, Phenylpropanolamine and Pseudoephedrine were removed.

Scope of Analysis: LC-MS/MS (80324, 80359): Amphetamine, Methamphetamine, MDA, MDMA, MDEA
Method (CPT Code)

54001B Barbiturates Confirmation (DUID/DRE), Blood

Summary of Changes: Specimen Requirements (Transport Temperature) were changed.
Stability was changed.
Scope of Analysis was changed.
Amobarbital, Butobarbital, Pentobarbital and Secobarbital were removed.

Specimen Requirements: 2 mL Blood
Transport Temperature: Refrigerated
Specimen Container: Lavender top tube (EDTA)
Light Protection: Not Required
Special Handling: None
Rejection Criteria: None
Stability: Room Temperature: 14 day(s)
Refrigerated: 14 day(s)
Frozen (-20 °C): 12 month(s)
Scope of Analysis: GC/MS (80345): Butalbital, Phenobarbital
Method (CPT Code)

54001U Barbiturates Confirmation (Qualitative) (DUID/DRE), Urine

Summary of Changes: Scope of Analysis was changed.
Amobarbital, Butobarbital, Pentobarbital and Secobarbital were removed.

Scope of Analysis: GC/MS (80345): Butalbital, Phenobarbital
Method (CPT Code)



Test Updates

Test Changes

54002B Benzodiazepines Confirmation (DUID/DRE), Blood

Summary of Changes: Scope of Analysis was changed.
Clobazam, Desalkylflurazepam, Estazolam, Flurazepam,
Hydroxyethylflurazepam, Hydroxytriazolam and Triazolam were removed.

Scope of Analysis: LC-MS/MS (80347): Diazepam, Nordiazepam, Oxazepam, Temazepam,
Method (CPT Code) Chlordiazepoxide, Lorazepam, Clonazepam, 7-Amino Clonazepam, Alprazolam,
Alpha-Hydroxyalprazolam, Midazolam

54002U Benzodiazepines Confirmation (Qualitative) (DUID/DRE), Urine

Summary of Changes: Scope of Analysis was changed.
Clobazam, Desalkylflurazepam, Estazolam, Hydroxyethylflurazepam and
Hydroxytriazolam were removed.

Scope of Analysis: LC-MS/MS (80339, 80347): Diazepam, Nordiazepam, Oxazepam, Temazepam,
Method (CPT Code) Chlordiazepoxide, Lorazepam, 7-Amino Clonazepam, Alprazolam, Alpha-
Hydroxyalprazolam, 1-Hydroxymidazolam

50013TI Cannabinoids Confirmation (Qualitative), Tissue

Summary of Changes: Test Name was changed.

54456B DUID/DRE Designer Benzodiazepines Confirmation, Blood

Summary of Changes: Scope of Analysis was changed.
Diclazepam was removed.

Scope of Analysis: LC-MS/MS (80346): Clonazolam, Flubromazolam, Alpha-Hydroxyetizolam, Etizolam,
Method (CPT Code) Delorazepam

54458B DUID/DRE Designer Opioids Confirmation, Blood

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl and Valeryl fentanyl were added.
Acryl Fentanyl and Valeryl Fentanyl were removed.

Scope of Analysis: LC-MS/MS (80354, 80364): 4-ANPP, Acrylfentanyl, 2-Furanylfentanyl, U-47700,
Method (CPT Code) Carfentanil, Butyrylfentanyl, para-Fluoroisobutyrylfentanyl, cis-3-Methylfentanyl,
Cyclopropylfentanyl, trans-3-Methylfentanyl, Valeryl fentanyl

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
Valeryl fentanyl	ng/mL	Valeryl fentanyl is a novel non-prescription synthetic opioid.



Test Updates

Test Changes

8152B DUID/DRE Expanded Drug Screen Add-On ProofPOSITIVE®, Blood (Forensic)

Summary of Changes: Specimen Requirements (Special Handling) were changed.
Scope of Analysis was changed.
Acrylfentanyl, Clobazam, Desalkylflurazepam, Ephedrine, Estazolam, Flurazepam, Hydroxyethylflurazepam, Hydroxytriazolam, Norpseudoephedrine, N-ethyl Pentylone, Phentermine, Phenylpropanolamine, Pseudoephedrine, Triazolam and Valerylfentanyl were added.
Units were changed.
Acryl Fentanyl, Diclazepam, Maprotiline, Methaqualone, Mexiletine, N-Ethyl Pentylone, Trihexyphenidyl and Valeryl Fentanyl were removed.

Specimen Requirements: 10 mL Blood
Transport Temperature: Frozen
Specimen Container: Gray top tube (Sodium Fluoride / Potassium Oxalate), Lavender top tube (EDTA)
Light Protection: Not Required
Special Handling: Ensure that container remains tightly sealed.
Rejection Criteria: Received Room Temperature. Received Refrigerated.
Scope of Analysis: ELISA (80307): Gabapentin
Method (CPT Code) ELISA (80307): Barbiturates
LC/TOF-MS (80307): 2-Furanylfentanyl, 7-Amino Flunitrazepam, 9-Hydroxyrisperidone, 10-Hydroxycarbazepine, Acrylfentanyl, Alfentanil, Alpha-Hydroxyetizolam, Amitriptyline, Amoxapine, Aripiprazole, Brompheniramine, Bupropion, Buspirone, Butylone, Butyrylfentanyl, Caffeine, Carbamazepine, Carbamazepine-10,11-Epoxy, Carfentanil, Chlorpheniramine, Chlorpromazine, cis-3-Methylfentanyl, Citalopram / Escitalopram, Clobazam, Clomipramine, Clonazepam, Clonidine, Clozapine, Cyclobenzaprine, Cyclopropylfentanyl, Delorazepam, Desalkylflurazepam, Desipramine, Desmethylclomipramine, Desmethyldoxepin, Desmethylsertraline, Desmethyltrimipramine, Dextro / Levo Methorphan, Dextrorphan / Levorphanol, Dicyclomine, Dibutylone, Diltiazem, Diphenhydramine, Doxepin, Doxylamine, Duloxetine, Ephedrine, Estazolam, Etizolam, Eszopiclone / Zopiclone, Flubromazolam, Flunitrazepam, Fluoxetine, Fluphenazine, Flurazepam, Fluvoxamine, Haloperidol, Hydroxybupropion, Hydroxyethylflurazepam, Hydroxytriazolam, Hydroxyzine, Iloperidone, Imipramine, Ketamine, Lamotrigine, Levetiracetam, Loxapine, LSD, mCPP, Meperidine, Mescaline, Mesoridazine, Metaxalone, Methocarbamol, Methylphenidate, Mirtazapine, Mitragnine, Norclozapine, Norflunitrazepam, Norfluoxetine, Norketamine, Normeperidine, Norpropoxyphene, Norpseudoephedrine, Nortriptyline, N-ethyl Pentylone, O-Desmethylvenlafaxine, Olanzapine, para-Fluoroisobutyrylfentanyl, Paroxetine, Perphenazine, Phenazepam, Pheniramine, Phentermine, Phenylpropanolamine, Phenytoin, Primidone, Promazine, Promethazine, Propoxyphene, Pseudoephedrine, Psilocin, Quetiapine, Risperidone, Sertraline, Sufentanil, Tapentadol, Thioridazine, Topiramate, trans-3-Methylfentanyl, Trazodone, Triazolam, Trifluoperazine, Trimipramine, U-47700, Valerylfentanyl, Venlafaxine, Verapamil, Xylazine, Zaleplon, Ziprasidone, Zonisamide, Scope Statement



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
Clobazam	ng/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
Desalkylflurazepam	ng/mL	
Ephedrine	ng/mL	
Estazolam	ng/mL	
Flurazepam	ng/mL	
Hydroxyethylflurazepam	ng/mL	
Hydroxytriazolam	ng/mL	
mCPP	mcg/mL	
Norpseudoephedrine	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
N-ethyl Pentylone	ng/mL	
Phentermine	ng/mL	Valeryl fentanyl is a novel non-prescription synthetic opioid.
Phenylpropanolamine	ng/mL	
Pseudoephedrine	ng/mL	
Triazolam	ng/mL	
Valeryl fentanyl	ng/mL	

8075U DUID/DRE Expanded Drug Screen Add-On, Urine (Forensic)

Summary of Changes: Scope of Analysis was changed.
 Barbiturates, Acrylfentanyl, Clobazam, Desalkylflurazepam, Ephedrine, Estazolam, Hydroxyethylflurazepam, Hydroxytriazolam, Norpseudoephedrine, N-ethyl Pentylone, Phentermine, Phenylpropanolamine and Valeryl fentanyl were added.
 Units were changed.
 Methods/CPT Codes were changed [EIA (80307)]
 Acryl Fentanyl, Bupivacaine, BZP, Diclazepam, Maprotiline, Methaqualone, Mexiletine, N-Ethyl Pentylone, Orphenadrine, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl and Zolazepam were removed.

Scope of Analysis: EIA (80307): Barbiturates
 Method (CPT Code) LC/TOF-MS (80307): 2-Furanylfentanyl, 7-Amino Flunitrazepam, 9-Hydroxyrisperidone, 10-Hydroxycarbazepine, Acrylfentanyl, Alfentanil, Alpha-Hydroxyetizolam, Amitriptyline, Amoxapine, Atomoxetine, Benztropine, Bupropion, Brompheniramine, Butylone, Butyrylfentanyl, Buspirone, Caffeine, Carbamazepine, Carfentanil, Carbamazepine-10,11-Epoxy, Carisoprodol, cis-3-Methylfentanyl, Chlorpheniramine, Chlorpromazine, Citalopram / Escitalopram, Clobazam, Clomipramine, Clonidine, Clonazepam, Clozapine, Cyclobenzaprine,



Test Updates

Test Changes

Cyclopropylfentanyl, Delorazepam, Desalkylflurazepam, Desipramine, Desmethylclomipramine, Desmethyldoxepin, Desmethyltrimipramine, Dextro / Levo Methorphan, Dextrorphan / Levorphanol, Dibutylone, Dicyclomine, Diltiazem, Diphenhydramine, Donepezil, Doxepin, Doxylamine, Ephedrine, Estazolam, Eszopiclone / Zopiclone, Etizolam, Flecainide, Flubromazolam, Flunitrazepam, Fluoxetine, Fluvoxamine, Guaifenesin, Hydroxybupropion, Hydroxyethylflurazepam, Hydroxytriazolam, Hydroxyzine, Imipramine, Ketamine, Lacosamide, Lamotrigine, Levetiracetam, LSD, mCPP, Memantine, Meperidine, Meprobamate, Mescaline, Mesoridazine, Metaxalone, Methylphenidate, Mirtazapine, Mitragynine, Norclozapine, Norflunitrazepam, Norfluoxetine, Norketamine, Normeperidine, Norpropoxyphene, Norpseudoephedrine, Nortriptyline, N-ethyl Pentylone, O-Desmethyltramadol, O-Desmethylvenlafaxine, Olanzapine, para-Fluoroisobutyrylfentanyl, Paroxetine, Phenazepam, Pheniramine, Phentermine, Phenylpropanolamine, Promazine, Promethazine, Propoxyphene, Pseudoephedrine, Psilocin, Quetiapine, Quinidine, Risperidone, Sertraline, Sildenafil, Sufentanil, Tapentadol, Tetrahydrozoline, Theophylline, Thioridazine, Topiramate, Tramadol, trans-3-Methylfentanyl, Trazodone, Trimipramine, Triprolidine, Valerylfentanyl, Venlafaxine, Verapamil, Xylazine, Yohimbine, Zaleplon, Zolpidem, Zonisamide, Scope Statement

Analyte Name	Units	Reference Comment
Barbiturates	mcg/mL	
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.
Chlorpromazine	mcg/mL	
Clobazam	ng/mL	
Desalkylflurazepam	ng/mL	
Ephedrine	ng/mL	
Estazolam	ng/mL	
Hydroxyethylflurazepam	ng/mL	
Hydroxytriazolam	ng/mL	
mCPP	mcg/mL	
Norpseudoephedrine	ng/mL	
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Phentermine	ng/mL	
Phenylpropanolamine	ng/mL	
Valerylfentanyl	ng/mL	Valeryl fentanyl is a novel non-prescription synthetic opioid.
Xylazine	ng/mL	

8151B DUID/DRE Panel (w/Alcohol) ProofPOSITIVE®, Blood (Forensic)

Summary of Changes: Scope of Analysis was changed.
Units were changed.
Barbiturates was removed



Test Updates

Test Changes

Scope of Analysis: ELISA (80307): Opiates, Cocaine / Metabolites, Benzodiazepines, Cannabinoids,
Method (CPT Code) Amphetamines, Methadone / Metabolite, Phencyclidine, Carisoprodol / Metabolite,
Methamphetamine / MDMA, Oxycodone / Oxymorphone, Zolpidem, Fentanyl / Acetyl
Fentanyl, Buprenorphine / Metabolite, Tramadol / Metabolite
Headspace GC (80307): Ethanol, Blood Alcohol Concentration (BAC), Methanol,
Isopropanol, Acetone
Headspace GC (80320): Ethanol, Methanol, Isopropanol, Acetone

Analyte Name	Units	Reference Comment
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Carisoprodol / Metabolite	mcg/mL	
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8070U DUID/DRE Panel (w/Alcohol), Urine (Forensic)

Summary of Changes: Scope of Analysis was changed.
Barbiturates was removed.

Scope of Analysis: EIA (80307): Opiates, Cocaine / Metabolites, Benzodiazepines, Cannabinoids,
Method (CPT Code) Methadone / Metabolite, Phencyclidine, Oxycodone / Oxymorphone
Headspace GC (80307): Ethanol, Methanol, Isopropanol, Acetone
Headspace GC (80320): Ethanol, Methanol, Isopropanol, Acetone
EIA (80307): Amphetamines, MDMA, Buprenorphine / Metabolite, Fentanyl / Acetyl
Fentanyl

8150B DUID/DRE Panel ProofPOSITIVE®, Blood (Forensic)

Summary of Changes: Scope of Analysis was changed.
Units were changed.
Barbiturates was removed.

Scope of Analysis: ELISA (80307): Opiates, Cocaine / Metabolites, Benzodiazepines, Cannabinoids,
Method (CPT Code) Amphetamines, Methadone / Metabolite, Phencyclidine, Carisoprodol / Metabolite,
Methamphetamine / MDMA, Oxycodone / Oxymorphone, Zolpidem, Fentanyl / Acetyl
Fentanyl, Buprenorphine / Metabolite, Tramadol / Metabolite

Analyte Name	Units	Reference Comment
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Carisoprodol / Metabolite	mcg/mL	
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8071U DUID/DRE Panel, Urine (Forensic)

Summary of Changes: Scope of Analysis was changed.
Barbiturates was removed.

Scope of Analysis: EIA (80307): Opiates, Cocaine / Metabolites, Benzodiazepines, Cannabinoids,
Method (CPT Code) Methadone / Metabolite, Phencyclidine, Oxycodone / Oxymorphone
EIA (80307): Amphetamines, MDMA, Buprenorphine / Metabolite, Fentanyl / Acetyl
Fentanyl

90037B DUID/DRE Screen, Blood (Forensic) (CSA) - Maryland State Police

Summary of Changes: Units were changed.



Test Updates

Test Changes

Scope of Analysis: ELISA (80307): Opiates, Cocaine / Metabolites, Benzodiazepines, Cannabinoids,
Method (CPT Code) Amphetamines, Barbiturates, Methadone / Metabolite, Phencyclidine, Carisoprodol /
Metabolite, Methamphetamine / MDMA, Oxycodone / Oxymorphone, Zolpidem,
Fentanyl / Acetyl Fentanyl, Buprenorphine / Metabolite, Tramadol / Metabolite

Analyte Name	Units	Reference Comment
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Carisoprodol / Metabolite	mcg/mL	
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54457B DUID/DRE Substituted Cathinone Confirmation, Blood

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
N-Ethyl Pentylone was removed.

Scope of Analysis: GC/MS (80371): Butylone, N-ethyl Pentylone, Dibutylone
Method (CPT Code)

Analyte Name	Units	Reference Comment
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N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
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54457U DUID/DRE Substituted Cathinone Confirmation, Urine

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
N-Ethyl Pentylone was removed.

Scope of Analysis: GC/MS (80371): Butylone, N-ethyl Pentylone, Dibutylone
Method (CPT Code)

Analyte Name	Units	Reference Comment
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N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
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54456U Designer Benzodiazepines Confirmation (Qualitative) (DUID/DRE), Urine

Summary of Changes: Test Name was changed.
Scope of Analysis was changed.
Diazepam was removed.

Scope of Analysis: LC-MS/MS (80346): Clonazolam, Flubromazolam, Alpha-Hydroxyetizolam, Etizolam,
Method (CPT Code) Delorazepam

52493U Designer Benzodiazepines Confirmation (Qualitative), Urine

Summary of Changes: Scope of Analysis was changed.
Diazepam was removed.

Scope of Analysis: LC-MS/MS (80346): Bromazepam, Clonazolam, Flubromazolam, Alpha-
Method (CPT Code) Hydroxyetizolam, Etizolam, Flubromazepam, Delorazepam

52502U Designer Benzodiazepines Confirmation 1 (Qualitative), Urine



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Summary of Changes: Test Name was changed.
Scope of Analysis was changed.
Flualprazolam was added.

Scope of Analysis: LC-MS/MS (80346): Bromazepam, Clonazepam, Flualprazolam, Flubromazolam,
Method (CPT Code) Alpha-Hydroxyetizolam, Etizolam, Flubromazepam, Delorazepam, Phenazepam,
Diclazepam

Analyte Name	Units	Reference Comment
Flualprazolam	ng/mL	Flualprazolam is a benzodiazepine drug that is used as a novel psychoactive substance.

52502B Designer Benzodiazepines Confirmation 1, Blood

Summary of Changes: Test Name was changed.
Scope of Analysis was changed.
Flualprazolam was added.

Scope of Analysis: LC-MS/MS (80346): Bromazepam, Clonazepam, Flualprazolam, Flubromazolam,
Method (CPT Code) Alpha-Hydroxyetizolam, Etizolam, Flubromazepam, Delorazepam, Phenazepam,
Diclazepam

Analyte Name	Units	Reference Comment
Flualprazolam	ng/mL	Flualprazolam is a benzodiazepine drug that is used as a novel psychoactive substance.

52502SP Designer Benzodiazepines Confirmation 1, Serum/Plasma

Summary of Changes: Test Name was changed.
Scope of Analysis was changed.
Flualprazolam was added.

Scope of Analysis: LC-MS/MS (80346): Bromazepam, Clonazepam, Flualprazolam, Flubromazolam,
Method (CPT Code) Alpha-Hydroxyetizolam, Etizolam, Flubromazepam, Delorazepam, Phenazepam,
Diclazepam

Analyte Name	Units	Reference Comment
Flualprazolam	ng/mL	Flualprazolam is a benzodiazepine drug that is used as a novel psychoactive substance.

52493B Designer Benzodiazepines Confirmation, Blood

Summary of Changes: Scope of Analysis was changed.
Diclazepam was removed.

Scope of Analysis: LC-MS/MS (80346): Bromazepam, Clonazepam, Flubromazolam, Alpha-
Method (CPT Code) Hydroxyetizolam, Etizolam, Flubromazepam, Delorazepam

52493SP Designer Benzodiazepines Confirmation, Serum/Plasma



Test Updates

Test Changes

Summary of Changes: Scope of Analysis was changed.
Diazepam was removed.

Scope of Analysis: LC-MS/MS (80346): Bromazepam, Clonazepam, Flubromazepam, Alpha-
Method (CPT Code) Hydroxyetizolam, Etizolam, Flubromazepam, Delorazepam

52488U Designer Opioids Confirmation (Qualitative), Urine

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl and Valeryl fentanyl were added.
Acryl Fentanyl, meta-Methylmethoxyacetylfentanyl, para-
Fluorobutyrylfentanyl, para-Methylmethoxyacetylfentanyl, THF-F, U-49900,
U-51754 and Valeryl Fentanyl were removed.

Scope of Analysis: LC-MS/MS (80354, 80364): Methoxyacetylfentanyl, 4-ANPP, Acrylfentanyl, para-
Method (CPT Code) Fluorofentanyl, ortho-Fluorofentanyl, 2-Furanylfentanyl, U-47700, Carfentanil,
Cyclopropylfentanyl, trans-3-Methylfentanyl, cis-3-Methylfentanyl, Isobutyrylfentanyl,
Butyrylfentanyl, para-Fluoroisobutyrylfentanyl, Valeryl fentanyl

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.
Valeryl fentanyl	ng/mL	Valeryl fentanyl is a novel non-prescription synthetic opioid.

52488B Designer Opioids Confirmation, Blood

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl and Valeryl fentanyl were added.
4-ANPP, Acryl Fentanyl, meta-Methylmethoxyacetylfentanyl, para-
Fluorobutyrylfentanyl, para-Methylmethoxyacetylfentanyl, THF-F, U-49900,
U-51754 and Valeryl Fentanyl were removed.

Scope of Analysis: LC-MS/MS (80354, 80364): Methoxyacetylfentanyl, Acrylfentanyl, para-
Method (CPT Code) Fluorofentanyl, ortho-Fluorofentanyl, 2-Furanylfentanyl, U-47700, Carfentanil,
Cyclopropylfentanyl, trans-3-Methylfentanyl, cis-3-Methylfentanyl, Isobutyrylfentanyl,
Butyrylfentanyl, para-Fluoroisobutyrylfentanyl, Valeryl fentanyl

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
Valeryl fentanyl	ng/mL	Valeryl fentanyl is a novel non-prescription synthetic opioid.

52500B Designer Opioids Confirmation, Blood



Test Updates

Test Changes

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl and Valerylfentanyl were added.
Acryl Fentanyl and Valeryl Fentanyl were removed.

Scope of Analysis: LC-MS/MS (80354, 80364): Acrylfentanyl, 2-Furanylfentanyl, U-47700, Carfentanil,
Method (CPT Code) Butyrylfentanyl, para-Fluoroisobutyrylfentanyl, cis-3-Methylfentanyl,
Cyclopropylfentanyl, trans-3-Methylfentanyl, Valerylfentanyl

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

52488SP Designer Opioids Confirmation, Serum/Plasma

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl and Valerylfentanyl were added.
4-ANPP, Acryl Fentanyl, meta-Methylmethoxyacetylfentanyl, para-Fluorobutyrylfentanyl, para-Methylmethoxyacetylfentanyl, THF-F, U-49900, U-51754 and Valeryl Fentanyl were removed.

Scope of Analysis: LC-MS/MS (80354, 80364): Methoxyacetylfentanyl, Acrylfentanyl, para-Fluorofentanyl, ortho-Fluorofentanyl, 2-Furanylfentanyl, U-47700, Carfentanil,
Method (CPT Code) Cyclopropylfentanyl, trans-3-Methylfentanyl, cis-3-Methylfentanyl, Isobutyrylfentanyl, Butyrylfentanyl, para-Fluoroisobutyrylfentanyl, Valerylfentanyl

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

52500SP Designer Opioids Confirmation, Serum/Plasma

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl and Valerylfentanyl were added.
Acryl Fentanyl and Valeryl Fentanyl were removed.

Scope of Analysis: LC-MS/MS (80354, 80364): Acrylfentanyl, 2-Furanylfentanyl, U-47700, Carfentanil,
Method (CPT Code) Butyrylfentanyl, para-Fluoroisobutyrylfentanyl, cis-3-Methylfentanyl,
Cyclopropylfentanyl, trans-3-Methylfentanyl, Valerylfentanyl

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

1480B Designer Opioids, Blood

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl and Valerylfentanyl were added.
Acryl Fentanyl and Valeryl Fentanyl were removed.

Scope of Analysis: LC-MS/MS (80354, 80364): Methoxyacetylfentanyl, 4-ANPP, THF-F, meta-Methylmethoxyacetylfentanyl, para-Methylmethoxyacetylfentanyl, Acrylfentanyl, para-Fluorofentanyl, ortho-Fluorofentanyl, 2-Furanylfentanyl, U-47700, U-49900, U-51754, Carfentanil, Cyclopropylfentanyl, trans-3-Methylfentanyl, cis-3-Methylfentanyl, Isobutyrylfentanyl, Butyrylfentanyl, para-Fluoroisobutyrylfentanyl, para-Fluorobutyrylfentanyl, Valerylfentanyl

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

1480SP Designer Opioids, Serum/Plasma

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl and Valerylfentanyl were added.
Acryl Fentanyl and Valeryl Fentanyl were removed.

Scope of Analysis: LC-MS/MS (80354, 80364): Methoxyacetylfentanyl, 4-ANPP, THF-F, meta-Methylmethoxyacetylfentanyl, para-Methylmethoxyacetylfentanyl, Acrylfentanyl, para-Fluorofentanyl, ortho-Fluorofentanyl, 2-Furanylfentanyl, U-47700, U-49900, U-51754, Carfentanil, Cyclopropylfentanyl, trans-3-Methylfentanyl, cis-3-Methylfentanyl, Isobutyrylfentanyl, Butyrylfentanyl, para-Fluoroisobutyrylfentanyl, para-Fluorobutyrylfentanyl, Valerylfentanyl

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

8030B Drug Facilitated Crime Panel, Blood (Forensic)

Summary of Changes: Units were changed.



Test Updates

Test Changes

Scope of Analysis: ELISA (80307): Cannabinoids, Barbiturates
 Method (CPT Code) Headspace GC (80307): Ethanol, Blood Alcohol Concentration (BAC), Methanol, Isopropanol, Acetone
 GC/MS (80307): Gamma-Hydroxybutyric Acid
 LC/TOF-MS (80307): 6-Monoacetylmorphine, 7-Amino Clonazepam, 7-Amino Flunitrazepam, Acetyl Fentanyl, Alpha-Hydroxyalprazolam, Alprazolam, Amitriptyline, Amphetamine, Benzoyllecgonine, Brompheniramine, Buprenorphine, Carisoprodol, Chlordiazepoxide, Chlorpheniramine, Citalopram / Escitalopram, Clobazam, Clonazepam, Clonidine, Cocaethylene, Cocaine, Codeine, Cyclobenzaprine, Desalkylflurazepam, Desipramine, Desmethyldoxepin, Desmethylsertraline, Dextro / Levo Methorphan, Dextrorphan / Levorphanol, Diazepam, Dihydrocodeine / Hydrocodol, Diphenhydramine, Doxepin, Doxylamine, EDDP, Estazolam, Eszopiclone / Zopiclone, Fentanyl, Flunitrazepam, Fluoxetine, Hydrocodone, Hydromorphone, Hydroxyethylflurazepam, Hydroxytriazolam, Imipramine, Ketamine, Lidocaine, Lorazepam, MDA, MDMA, Meperidine, Meprobamate, Methadone, Methamphetamine, Midazolam, Monoethylglycinexylidide (MEGX), Morphine, Norbuprenorphine - Free, Nordiazepam, Norfentanyl, Norflunitrazepam, Norfluoxetine, Norketamine, Normeperidine, Norpropoxyphene, Nortriptyline, O-Desmethyltramadol, Oxazepam, Oxycodone, Oxymorphone, Paroxetine, Phencyclidine, Phenytoin, Propoxyphene, Scopolamine, Sertraline, Temazepam, Tetrahydrozoline, Tramadol, Triazolam, Zaleplon, Ziprasidone, Zolpidem, Scope Statement

Analyte Name	Units	Reference Comment
Carisoprodol	mcg/mL	Following a 350 mg oral dose of carisoprodol, peak plasma concentrations averaged 2.1 mcg/mL in 1 hour. Following a 700 mg oral dose of carisoprodol, peak plasma concentrations averaged 3.5 mcg/mL in 0.8 hour.
Lidocaine	mcg/mL	Lidocaine is an amide type of anesthetic that is used as a topical and injectable analgesic, antiarrhythmic, and in resuscitative efforts. It is also used as a 'cutting' agent in some drugs of abuse, especially cocaine.
Meperidine Meprobamate	mcg/mL mcg/mL	Usual therapeutic range: 10-30 mcg/mL.
Monoethylglycinexylidide (MEGX)	mcg/mL	MEGX (monoethylglycinexylidide) is an active metabolite of lidocaine.
Normeperidine	mcg/mL	Expected analgesic range: 0.1-0.6 mcg Meperidine/mL. Normeperidine concentrations: Up to 0.5 mcg/mL.
Norpropoxyphene	mcg/mL	Average serum concentrations following a daily regimen of 195 mg Propoxyphene: 1.45 mcg Norpropoxyphene/mL.



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Phenytoin	mcg/mL	Recommended serum concentration range during anticonvulsant therapy with phenytoin: 10-20 mcg/mL The blood to plasma ratio is approximately 0.5.
Propoxyphene	mcg/mL	Average serum concentrations following a daily regimen of 195 mg Propoxyphene: 0.42 mcg Propoxyphene/mL.

8030SP Drug Facilitated Crime Panel, Serum/Plasma (Forensic)

Summary of Changes: Units were changed.

Scope of Analysis: ELISA (80307): Cannabinoids, Barbiturates
 Method (CPT Code) Headspace GC (80307): Ethanol, Methanol, Isopropanol, Acetone
 GC/MS (80307): Gamma-Hydroxybutyric Acid
 LC/TOF-MS (80307): 6-Monoacetylmorphine, 7-Amino Clonazepam, 7-Amino Flunitrazepam, Acetyl Fentanyl, Alpha-Hydroxyalprazolam, Alprazolam, Amitriptyline, Amphetamine, Benzoyllecgonine, Brompheniramine, Buprenorphine, Carisoprodol, Chlordiazepoxide, Chlorpheniramine, Citalopram / Escitalopram, Clobazam, Clonazepam, Clonidine, Cocaethylene, Cocaine, Codeine, Cyclobenzaprine, Desalkylflurazepam, Desipramine, Desmethyldoxepin, Desmethylsertraline, Dextro / Levo Methorphan, Dextrophan / Levorphanol, Diazepam, Dihydrocodeine / Hydrocodone, Diphenhydramine, Doxepin, Doxylamine, EDDP, Estazolam, Eszopiclone / Zopiclone, Fentanyl, Flunitrazepam, Fluoxetine, Hydrocodone, Hydromorphone, Hydroxyethylflurazepam, Hydroxytriazolam, Imipramine, Ketamine, Lidocaine, Lorazepam, MDA, MDMA, Meperidine, Meprobamate, Methadone, Methamphetamine, Midazolam, Monoethylglycinexylidide (MEGX), Morphine, Norbuprenorphine - Free, Nordiazepam, Norfentanyl, Norflunitrazepam, Norfluoxetine, Norketamine, Normeperidine, Norpropoxyphene, Nortriptyline, O-Desmethyltramadol, Oxazepam, Oxycodone, Oxymorphone, Paroxetine, Phencyclidine, Phenytoin, Propoxyphene, Scopolamine, Sertraline, Temazepam, Tetrahydrozoline, Tramadol, Triazolam, Zaleplon, Ziprasidone, Zolpidem, Scope Statement

Analyte Name	Units	Reference Comment
Carisoprodol	mcg/mL	Following a 350 mg oral dose of carisoprodol, peak plasma concentrations averaged 2.1 mcg/mL in 1 hour. Following a 700 mg oral dose of carisoprodol, peak plasma concentrations averaged 3.5 mcg/mL in 0.8 hour.
Lidocaine	mcg/mL	Lidocaine is an amide type of anesthetic that is used as a topical and injectable analgesic, antiarrhythmic, and in resuscitative efforts. It is also used as a 'cutting' agent in some drugs of abuse, especially cocaine. Reported antiarrhythmic range: 2-5 mcg/mL.
Meperidine	mcg/mL	



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Meprobamate	mcg/mL	Usual therapeutic range: 10-30 mcg/mL.
Monoethylglycinexylidide (MEGX)	mcg/mL	MEGX (monoethylglycinexylidide) is an active metabolite of lidocaine. Following a Lidocaine I.V. infusion at rates varying between 20 and 50 mcg/min/kg, steady-state MEGX serum concentrations range from 0.2-5.2 mcg/mL.
Normeperidine	mcg/mL	Expected analgesic range: 0.1-0.6 mcg Meperidine/mL. Normeperidine concentrations: Up to 0.5 mcg/mL.
Norpropoxyphene	mcg/mL	Average serum concentrations following a daily regimen of 195 mg Propoxyphene: 1.45 mcg Norpropoxyphene/mL.
Phenytoin	mcg/mL	Recommended serum concentration range during anticonvulsant therapy with phenytoin: 10-20 mcg/mL
Propoxyphene	mcg/mL	Average serum concentrations following a daily regimen of 195 mg Propoxyphene: 0.42 mcg Propoxyphene/mL.

8030U Drug Facilitated Crime Panel, Urine (Forensic)

Summary of Changes: Units were changed.
Norbuprenorphine - Total was removed.

Scope of Analysis: EIA (80307): Cannabinoids, Barbiturates
Method (CPT Code) Headspace GC (80307): Ethanol, Methanol, Isopropanol, Acetone
GC/MS (80307): Gamma-Hydroxybutyric Acid
LC/TOF-MS (80307): 1-Hydroxymidazolam, 6-Monoacetylmorphine, 7-Amino Clonazepam, 7-Amino Flunitrazepam, Acetyl Fentanyl, Alpha-Hydroxyalprazolam, Alprazolam, Amitriptyline, Amphetamine, Benzoylecgonine, Brompheniramine, Buprenorphine, Carisoprodol, Chlordiazepoxide, Chlorpheniramine, Citalopram / Escitalopram, Clobazam, Clonidine, Cocaethylene, Cocaine, Codeine, Cyclobenzaprine, Desalkylflurazepam, Desipramine, Desmethyldoxepin, Dextro / Levo Methorphan, Dextrorphan / Levorphanol, Diazepam, Dihydrocodeine / Hydrocodol, Diphenhydramine, Doxepin, Doxylamine, EDDP, Estazolam, Eszopiclone / Zopiclone, Fentanyl, Flunitrazepam, Fluoxetine, Hydrocodone, Hydromorphone, Hydroxyethylflurazepam, Hydroxytriazolam, Imipramine, Ketamine, Lidocaine, Lorazepam, MDA, MDMA, Meperidine, Meprobamate, Methadone, Methamphetamine, Monoethylglycinexylidide (MEGX), Morphine, Norbuprenorphine, Nordiazepam, Norfentanyl, Norflunitrazepam, Norfluoxetine, Norketamine, Normeperidine, Norpropoxyphene, Nortriptyline, O-Desmethyltramadol, Oxazepam, Oxycodone, Oxymorphone, Paroxetine, Phencyclidine, Phenytoin, Propoxyphene, Scopolamine, Sertraline, Temazepam, Tetrahydrozoline, Tramadol, Zaleplon, Zolpidem, Scope Statement



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Carisoprodol	mcg/mL	
Meperidine	mcg/mL	
Meprobamate	mcg/mL	
Normeperidine	mcg/mL	
Norpropoxyphene	mcg/mL	
Phenytoin	mcg/mL	
Propoxyphene	mcg/mL	

8098B Drug Screen (GC/MS), Blood

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Butalbital	mcg/mL	A single oral 100 mg dose resulted in a mean peak blood concentration of 2.1 mcg/mL (range, 1.7-2.6 mcg/mL) at 2 hours, with a decline to 1.5 mcg/mL (range, 1.3-1.7 mcg/mL) by 24 hours. Potentially toxic at plasma concentrations greater than 10 mcg/mL.
Ethinamate	mcg/mL	Usual hypnotic range: 5-10 mcg/mL
Felbamate	mcg/mL	Fifty-six adult patients receiving an average daily oral dose of 2300 mg had steady-state trough plasma concentrations averaging 33 mcg/mL (range, 18-52 mcg/mL). Twenty-six patients ages 10-69 years receiving an average daily dose of 2685 mg had serum concentrations averaging 69 mcg/mL (range, 16-165 mcg/mL). The ratio of whole blood concentration to plasma concentration is 1.0.



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Fluconazole	mcg/mL	<p>Single oral doses of 50 or 150 mg fluconazole resulted in peak plasma concentrations of 0.93 +/- 0.13 mcg/mL and 2.7 +/- 0.4 mcg/mL respectively. Peak plasma concentrations were 6.7 mcg/mL (range 4.1-8.1 mcg/mL) approximately 1 to 2 hours after a single 400 mg oral dose of fluconazole.</p> <p>The blood to plasma ratio is not known for this analyte.</p>
Lacosamide	mcg/mL	<p>Peak plasma concentrations are reached 1 to 2 hours after a single oral or intravenous dose with a half-life of 13 hours. Following a single 200 mg dose administered as a 30-minute infusion, a 60-minute infusion, or orally as a tablet to 24 male subjects, mean maximum plasma lacosamide concentrations were 5.95 +/- 1.49, 5.38 +/- 1.10 and 5.15 +/- 1.4 mcg/mL, respectively.</p> <p>Mean plasma concentrations following maintenance doses: 200 mg/day: 4.99 +/- 2.51 mcg/mL; 400 mg/day: 9.35 +/- 4.22 mcg/mL; 600 mg/day: 12.46 +/- 5.60 mcg/mL.</p> <p>The ratio of whole blood concentration to plasma concentration is 1.1</p>
Metharbital Metronidazole	mcg/mL mcg/mL	<p>Peak Serum Concentrations (Single Oral Dose): 250 mg: 5.1 mcg/mL 1000 mg: 20 mcg/mL</p> <p>Plasma Steady-State (500 mg, IV, every 8 h): 22 mcg/mL</p> <p>The blood to plasma ratio for metronidazole is unknown.</p>
O-Desmethylvenlafaxine	ng/mL	<p>Steady-state peak plasma levels following a daily regimen of Venlafaxine occur at approximately 2.5 hours for O-Desmethylvenlafaxine: 94-200 ng/mL (75 mg/day), 85-472 ng/mL (150 mg/day), 243-515 ng/mL (225 mg/day), 390-1096 ng/mL (450 mg/day).</p> <p>Steady-state trough plasma levels following a 150 mg per day regimen: 65-300 ng O-Desmethylvenlafaxine/mL.</p>



Effective Date:
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Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Pentobarbital	mcg/mL	Peak serum concentrations of 1.2-3.1 mcg/mL were produced 0.5-2.0 hours after a 100 mg oral dose and peak serum concentrations of 3 mcg/mL were produced 6 min. following a 100 mg IV dose. Potentially toxic at blood concentrations greater than 10 mcg/mL.
Phenobarbital	mcg/mL	Recommended serum concentration range during anticonvulsant therapy with primidone: 10-40 mcg/mL. The blood to plasma ratio is approximately 0.8.
Clonidine	ng/mL	<p>Immediate-release, oral: 0.50-2.0 ng/mL, 2 hours after administration;</p> <p>Sustained-release, patch: 0.20-2.0 ng/mL, at steady-state;</p> <p>Sustained-release, oral: 0.20-0.27 ng/mL, 6.8 +/- 3.6 hours after a 0.1 mg single dose in healthy fed adults;</p> <p>children receive higher doses on a mg/kg basis.</p> <p>The ratio of whole blood concentration to serum or plasma concentration is unknown for this analyte.</p>
Rufinamide	mcg/mL	<p>Maintenance therapy with 45 mg/kg (approximately 1600 mg) daily rufinamide resulted in plasma concentrations ranging from 5.0-48 mcg/mL (n = 74).</p> <p>Trough plasma concentrations in groups of 129-133 patients maintained on twice-daily 400 or 800 mg doses for 3 months averaged 2.6 or 4.7 mcg/mL, respectively.</p> <p>The blood to plasma ratio of rufinamide is approximately 1.0</p>
Secobarbital	mcg/mL	A 3.3 mg/kg oral dose (approx. 230 mg/70 kg) produced a mean peak blood concentration of 2.0 mcg/mL (range, 1.8-2.2 mcg/mL) at 3 hours, diminishing to 1.3 mcg/mL by 20 hours and 0.8 mcg/mL by 40 hours. Potentially toxic at blood concentrations greater than 8 mcg/mL.
Xylazine EDDP	ng/mL ng/mL	



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Hydroxychloroquine	ng/mL	Peak plasma concentrations of 410 +/- 130 ng/mL were achieved 2.4 hours after a single oral dose of 400 mg hydroxychloroquine (n = 6). Two cases of hydroxychloroquine overdose (20 g each) were successfully treated throughout cardiovascular collapse and had serum concentrations of 14000 and 26000 ng/mL. The ratio of whole blood concentration to serum or plasma concentration is unknown for this analyte.
Levamisole	mcg/mL	Levamisole is used as a veterinary antihelminthic (worming agent) in animals. It is no longer available in North America for human use. However, from July-September 2008 approximately 30% of cocaine seized by the DEA was contaminated with levamisole. There is limited data available on therapeutic concentrations of levamisole and no data on levamisole concentrations encountered from tainted cocaine. The mean peak plasma concentration following a single 2.5 mg/kg dose was 0.48 +/- 0.22 mcg/mL. Following a single 50 mg dose the mean peak plasma concentration was 0.13 mcg/mL. The ratio of whole blood concentration to plasma concentration is unknown for this analyte.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
Mescaline N-Acetylprocainamide	mcg/mL mcg/mL	The normal therapeutic range for NAPA is 10 to 20 mcg/mL plasma. The blood to plasma ratio is not known for this analyte.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Normeperidine	mcg/mL	Expected analgesic range: 0.1-0.6 mcg Meperidine/mL. Normeperidine concentrations: Up to 0.5 mcg/mL.
Phencyclidine Procyclidine	ng/mL mcg/mL	Steady-state concentrations following chronic oral 10 to 30 mg dose: 0.15-0.63 mcg/mL.



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Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Propoxyphene	mcg/mL	Average serum concentrations following a daily regimen of 195 mg Propoxyphene: 0.42 mcg Propoxyphene/mL.
Pyrimethamine	mcg/mL	A single oral dose of 50 mg given to 5 subjects produced a peak plasma concentration of 0.21-0.43 mcg/mL in 2 to 4 hours following the dose.
Quinidine	ng/mL	For the treatment of arrhythmia, effective plasma concentrations typically range between 2000 and 5000 ng/mL. The blood/plasma ratio is not known for quinidine, but concentrations in red blood cells are usually lower than plasma.
Quinine	ng/mL	A single oral 648 mg antispasmodic dose produces average peak plasma concentrations of 2800 ng/mL 2 hr after administration. The blood/plasma ratio is not known for quinine, but concentrations in red blood cells are usually lower than plasma.
Tocainide	mcg/mL	

8098SP Drug Screen (GC/MS), Serum/Plasma

Summary of Changes: Specimen Requirements (Light Protection) were changed.
Scope of Analysis was changed.
N-ethyl Pentylone was added.
Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl and Zolazepam were removed.

Specimen Requirements: 10 mL Serum or Plasma
 Transport Temperature: Refrigerated
 Specimen Container: Gray top tube (Sodium Fluoride / Potassium Oxalate), Lavender top tube (EDTA), Plastic container (preservative-free)
 Light Protection: Not Required
 Special Handling: Serum: Collect sample in Red top tube
 Plasma: Collect sample in Lavender top tube (EDTA) or Pink top tube.
 Peak serum levels are recommended when monitoring patients because the level in the blood drops so rapidly that many negative results are found at the trough. The peak occurs at 40 to 90 minutes post dose. Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines.
 Rejection Criteria: Polymer gel separation tube (SST or PST).
 Scope of Analysis:
 Method (CPT Code)



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Butalbital	mcg/mL	A single oral 100 mg dose resulted in a mean peak blood concentration of 2.1 mcg/mL (range, 1.7-2.6 mcg/mL) at 2 hours, with a decline to 1.5 mcg/mL (range, 1.3-1.7 mcg/mL) by 24 hours. Potentially toxic at plasma concentrations greater than 10 mcg/mL.
Ethinamate	mcg/mL	Usual hypnotic range: 5-10 mcg/mL
Felbamate	mcg/mL	Fifty-six adult patients receiving an average daily oral dose of 2300 mg had steady-state trough plasma concentrations averaging 33 mcg/mL (range, 18-52 mcg/mL). Twenty-six patients ages 10-69 years receiving an average daily dose of 2685 mg had serum concentrations averaging 69 mcg/mL (range, 16-165 mcg/mL).
Fluconazole	mcg/mL	Single oral doses of 50 or 150 mg fluconazole resulted in peak plasma concentrations of 0.93 +/- 0.13 mcg/mL and 2.7 +/- 0.4 mcg/mL respectively. Peak plasma concentrations were 6.7 mcg/mL (range 4.1-8.1 mcg/mL) approximately 1 to 2 hours after a single 400 mg oral dose of fluconazole.
Lacosamide	mcg/mL	Peak plasma concentrations are reached 1 to 2 hours after a single oral or intravenous dose with a half-life of 13 hours. Following a single 200 mg dose administered as a 30-minute infusion, a 60-minute infusion, or orally as a tablet to 24 male subjects, mean maximum plasma lacosamide concentrations were 5.95 +/- 1.49, 5.38 +/- 1.10 and 5.15 +/- 1.4 mcg/mL, respectively. Mean plasma concentrations following maintenance doses: 200 mg/day: 4.99 +/- 2.51 mcg/mL; 400 mg/day: 9.35 +/- 4.22 mcg/mL; 600 mg/day: 12.46 +/- 5.60 mcg/mL. NMS Labs derived data: 5th - 95th Percentile Data: 1.8-13.0 mcg/mL Mean: 5.3 mcg/mL (N = 14900)
Metharbital	mcg/mL	



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Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Metronidazole	mcg/mL	<p>Peak Serum Concentrations (Single Oral Dose): 250 mg: 5.1 mcg/mL 1000 mg: 20 mcg/mL</p> <p>Plasma Steady-State (500 mg, IV, every 8 h): 22 mcg/mL</p>
O-Desmethylvenlafaxine	ng/mL	<p>Steady-state peak plasma levels following a daily regimen of Venlafaxine occur at approximately 2.5 hours for O-Desmethylvenlafaxine: 94-200 ng/mL (75 mg/day), 85-472 ng/mL (150 mg/day), 243-515 ng/mL (225 mg/day), 390-1096 ng/mL (450 mg/day).</p> <p>Steady-state trough plasma levels following a 150 mg per day regimen: 65-300 ng O-Desmethylvenlafaxine/mL.</p>
Pentobarbital	mcg/mL	<p>Peak serum concentrations of 1.2-3.1 mcg/mL were produced 0.5-2.0 hours after a 100 mg oral dose and peak serum concentrations of 3 mcg/mL were produced 6 min. following a 100 mg IV dose. Potentially toxic at blood concentrations greater than 10 mcg/mL.</p>
Phenobarbital	mcg/mL	<p>Recommended serum concentration range during anticonvulsant therapy with primidone: 10-40 mcg/mL.</p>
Clonidine	ng/mL	<p>Immediate-release, oral: 0.50-2.0 ng/mL, 2 hours after administration; Sustained-release, patch: 0.20-2.0 ng/mL, at steady-state; Sustained-release, oral: 0.20-0.27 ng/mL, 6.8 +/- 3.6 hours after a 0.1 mg single dose in healthy fed adults; children receive higher doses on a mg/kg basis.</p>
Rufinamide	mcg/mL	<p>Maintenance therapy with 45 mg/kg (approximately 1600 mg) daily rufinamide resulted in plasma concentrations ranging from 5.0-48 mcg/mL (n = 74).</p> <p>Trough plasma concentrations in groups of 129-133 patients maintained on twice-daily 400 or 800 mg doses for 3 months averaged 2.6 or 4.7 mcg/mL, respectively.</p>



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Secobarbital	mcg/mL	A 3.3 mg/kg oral dose (approx. 230 mg/70 kg) produced a mean peak blood concentration of 2.0 mcg/mL (range, 1.8-2.2 mcg/mL) at 3 hours, diminishing to 1.3 mcg/mL by 20 hours and 0.8 mcg/mL by 40 hours. Potentially toxic at blood concentrations greater than 8 mcg/mL.
Xylazine EDDP Hydroxychloroquine	ng/mL ng/mL ng/mL	Peak plasma concentrations of 410 +/- 130 ng/mL were achieved 2.4 hours after a single oral dose of 400 mg hydroxychloroquine (n = 6). Two cases of hydroxychloroquine overdose (20 g each) were successfully treated throughout cardiovascular collapse and had serum concentrations of 14000 and 26000 ng/mL.
Levamisole	mcg/mL	Levamisole is used as a veterinary antihelminthic (worming agent) in animals. It is no longer available in North America for human use. However, from July-September 2008 approximately 30% of cocaine seized by the DEA was contaminated with levamisole. There is limited data available on therapeutic concentrations of levamisole and no data on levamisole concentrations encountered from tainted cocaine. The mean peak plasma concentration following a single 2.5 mg/kg dose was 0.48 +/- 0.22 mcg/mL. Following a single 50 mg dose the mean peak plasma concentration was 0.13 mcg/mL.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days.
Mescaline N-Acetylprocainamide	mcg/mL mcg/mL	The normal therapeutic range for NAPA is 10 to 20 mcg/mL plasma.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Normeperidine	mcg/mL	Expected analgesic range: 0.1-0.6 mcg Meperidine/mL. Normeperidine concentrations: Up to 0.5 mcg/mL.
Phencyclidine	ng/mL	



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Procyclidine	mcg/mL	Steady-state concentrations following chronic oral 10 to 30 mg dose: 0.15-0.63 mcg/mL.
Propoxyphene	mcg/mL	Average serum concentrations following a daily regimen of 195 mg Propoxyphene: 0.42 mcg Propoxyphene/mL.
Pyrimethamine	mcg/mL	A single oral dose of 50 mg given to 5 subjects produced a peak plasma concentration of 0.21-0.43 mcg/mL in 2 to 4 hours following the dose.
Quinidine	ng/mL	For the treatment of arrhythmia, effective plasma concentrations typically range between 2000 and 5000 ng/mL.
Quinine	ng/mL	A single oral 648 mg antispasmodic dose produces average peak plasma concentrations of 2800 ng/mL 2 hr after administration.
Tocainide	mcg/mL	Reported antiarrhythmic concentration: 4-10 mcg/mL. Tocainide is an antiarrhythmic drug that is no longer available in the United States.

8098U Drug Screen (GC/MS), Urine

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Butalbital	mcg/mL	The disposition of butalbital has not been well studied in humans.
Fluconazole Lacosamide	mcg/mL mcg/mL	Lacosamide is a functionalized amino acid specifically synthesized as an anticonvulsant drug. In addition to being approved for use as an adjunctive therapy treatment of partial-onset seizures it has been investigated as a treatment for diabetic neuropathic pain. Lacosamide can be administered either orally or intravenously. The recommended initial dose is 50 mg/twice a day, up to a maintenance dose of 200 to 400 mg/day.



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Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
		Single labeled oral or intravenous lacosamide doses in healthy subjects were eliminated in urine (95%) and feces (< 0.5%) over a 7 day interval. Urinary excretion products included parent drug (40% of the dose) and the pharmacologically inactive O-desmethyllacosamide.
Metharbital N-Acetylprocainamide	mcg/mL mcg/mL	N-acetylprocainamide is an antiarrhythmic drug and an active metabolite of procainamide. The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.
Chlorpromazine Pentobarbital	mcg/mL mcg/mL	Less than 1% of a dose is eliminated in the urine as unchanged drug.
Clonidine Phenobarbital	ng/mL mcg/mL	For patients on chronic therapy, a mean of 20% (range, 12 - 55%) of the dose is excreted unchanged in the 24 hour urine.
Procainamide Procyclidine	mcg/mL mcg/mL	Procyclidine is an anticholinergic drug that was previously used in the treatment of Parkinson's disease.
Secobarbital	mcg/mL	Secobarbital undergoes extensive biotransformation. However, approximately 5% of secobarbital is excreted unchanged in the urine within 2 days.
Xylazine EDDP	ng/mL ng/mL	In maintenance subjects: Up to 50000 ng of Methadone plus Methadone Metabolites/mL Urine.
Hydroxychloroquine Levamisole	ng/mL mcg/mL	Levamisole is used as a veterinary antihelminthic (worming agent) in animals. It is no longer available in North America for human use. However, from July-September 2008 approximately 30% of cocaine seized by the DEA was contaminated with levamisole.
mCPP Mescaline N-ethyl Pentylone	mcg/mL mcg/mL ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Normeperidine Phencyclidine Propoxyphene	mcg/mL ng/mL mcg/mL	



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Pyrimethamine	mcg/mL	
Quinidine	ng/mL	
Quinine	ng/mL	Quinine is derived from the bark of the cinchona tree. It has been used in the past as an antimalarial, but is more commonly used today to treat muscle cramps. It is also used as a flavoring agent in tonic water and as a cutting agent in illicit heroin. Adverse effects include gastrointestinal disturbances, tinnitus, dizziness, arrhythmias and hypotension.
Tocainide	mcg/mL	Tocainide is an antiarrhythmic drug that is no longer available in the United States.

1876B Drug Screen - Expanded, Blood

Summary of Changes: Units were changed.
Acryl Fentanyl, Diclazepam, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, N-Ethyl Pentylone, Trihexyphenidyl, Valeryl Fentanyl and Voriconazole were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.

1876FL Drug Screen - Expanded, Fluid

Summary of Changes: Units were changed.
BZP, Laudanosine, Metoclopramide, Mexiletine, TFMPP and Trihexyphenidyl were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Butalbital	mcg/mL	
Ethinamate	mcg/mL	
Felbamate	mcg/mL	
Fluconazole	mcg/mL	



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Lacosamide	mcg/mL	Lacosamide is a functionalized amino acid specifically synthesized as an anticonvulsant drug. In addition to being approved for use as an adjunctive therapy of partial-onset seizures it has been investigated as a treatment for diabetic neuropathic pain. Lacosamide can be administered either orally or intravenously. The recommended initial dose is 50 mg/twice a day, up to a maintenance dose of 200 to 400 mg/day. Patients exposed to supratherapeutic doses during clinical trials had adverse events that were not clinically different than those reported in patients receiving recommended doses of lacosamide.
Pentobarbital	mcg/mL	
Phenobarbital	mcg/mL	
Rufinamide	mcg/mL	
Secobarbital	mcg/mL	
Chlorpromazine	mcg/mL	
Clonidine	ng/mL	Clonidine is a potent antihypertensive agent that has both alpha-adrenergic agonist and antagonist activities. It is normally supplied in tablets containing 0.1, 0.2, or 0.3 mg each. The recommended daily oral dose ranges from a minimum of 0.2 mg to a maximum of 2.4 mg per day, although the dose at the high end of the range is rarely employed. While overdoses from clonidine are common, deaths are rare. Clinical sequelae of clonidine toxicity may include hypertension or hypotension, bradycardia, lethargy, weakness, somnolence, and hypoventilation. Severe overdoses may result in cardiac conduction defects, arrhythmias, apnea, convulsions, coma and death.
Xylazine	ng/mL	
EDDP	ng/mL	
Hydroxychloroquine	ng/mL	
mCPP	mcg/mL	
Mescaline	mcg/mL	
Normeperidine	mcg/mL	
Phencyclidine	ng/mL	
Propoxyphene	mcg/mL	
Quinidine	ng/mL	
Quinine	ng/mL	

1876SP Drug Screen - Expanded, Serum/Plasma



Test Updates

Test Changes

Summary of Changes: Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, N-Ethyl Pentylone, TFMPP, Trihexyphenidyl and Valeryl Fentanyl were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days.

Xylazine ng/mL

1876U Drug Screen - Expanded, Urine

Summary of Changes: Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Glipizide, Laudanosine, Metoclopramide, Mexiletine, N-Ethyl Pentylone, Norbuprenorphine - Total, TFMPP, Trihexyphenidyl and Valeryl Fentanyl were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Chlorpromazine	mcg/mL	
mCPP	mcg/mL	
Xylazine	ng/mL	

1864U Drugs of Abuse Screen (10 Panel), Urine

Summary of Changes: Test Name was changed.
Scope of Analysis was changed.
Fentanyl / Acetyl Fentanyl was added.
Methods/CPT Codes were changed [EIA (80307)]

Scope of Analysis: EIA (80307): Opiates, Cocaine / Metabolites, Benzodiazepines, Cannabinoids,
Method (CPT Code) Amphetamines, Barbiturates, Methadone / Metabolite, Phencyclidine, Oxycodone / Oxymorphone
EIA (80307): Fentanyl / Acetyl Fentanyl

Analyte Name	Units	Reference Comment
Fentanyl / Acetyl Fentanyl	ng/mL	

1864B Drugs of Abuse Screen (11 Panel), Blood



Test Updates

Test Changes

Summary of Changes: Test Name was changed.
Scope of Analysis was changed.
Fentanyl / Acetyl Fentanyl was added.

Scope of Analysis: ELISA (80307): Opiates, Cocaine / Metabolites, Benzodiazepines, Cannabinoids,
Method (CPT Code) Amphetamines, Barbiturates, Fentanyl / Acetyl Fentanyl, Methadone / Metabolite,
Phencyclidine, Methamphetamine / MDMA, Oxycodone / Oxymorphone

Analyte Name	Units	Reference Comment
Fentanyl / Acetyl Fentanyl	ng/mL	

1864FL Drugs of Abuse Screen (11 Panel), Fluid

Summary of Changes: Test Name was changed.
Scope of Analysis was changed.
Fentanyl / Acetyl Fentanyl was added.

Scope of Analysis: ELISA (80307): Opiates, Cocaine / Metabolites, Benzodiazepines, Cannabinoids,
Method (CPT Code) Amphetamines, Barbiturates, Fentanyl / Acetyl Fentanyl, Methadone / Metabolite,
Phencyclidine, Methamphetamine / MDMA, Oxycodone / Oxymorphone

Analyte Name	Units	Reference Comment
Fentanyl / Acetyl Fentanyl	ng/mL	

1864SP Drugs of Abuse Screen (11 Panel), Serum/Plasma

Summary of Changes: Test Name was changed.
Scope of Analysis was changed.
Fentanyl / Acetyl Fentanyl was added.

Scope of Analysis: ELISA (80307): Opiates, Cocaine / Metabolites, Benzodiazepines, Cannabinoids,
Method (CPT Code) Amphetamines, Barbiturates, Fentanyl / Acetyl Fentanyl, Methadone / Metabolite,
Phencyclidine, Methamphetamine / MDMA, Oxycodone / Oxymorphone

Analyte Name	Units	Reference Comment
Fentanyl / Acetyl Fentanyl	ng/mL	

1864TI Drugs of Abuse Screen (11 Panel), Tissue

Summary of Changes: Test Name was changed.
Scope of Analysis was changed.
Fentanyl / Acetyl Fentanyl was added.

Scope of Analysis: ELISA (80307): Opiates, Cocaine / Metabolites, Benzodiazepines, Cannabinoids,
Method (CPT Code) Amphetamines, Barbiturates, Fentanyl / Acetyl Fentanyl, Methadone / Metabolite,
Phencyclidine, Methamphetamine / MDMA, Oxycodone / Oxymorphone

Analyte Name	Units	Reference Comment
Fentanyl / Acetyl Fentanyl	ng/g	

90023B Expanded Drug Screen (DUID/DRE), Blood (Forensic) (CSA)



Test Updates

Test Changes

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl, N-ethyl Pentylone and Valerylfentanyl were added.
Units were changed.
Acryl Fentanyl, Butorphanol, BZP, Diclazepam, Maprotiline, Methaqualone, Mexiletine, Nalbuphine, N-Ethyl Pentylone, TFMPP, Trihexyphenidyl and Valeryl Fentanyl were removed.

Scope of Analysis: LC/TOF-MS (80307): 2-Furanylfentanyl, 9-Hydroxyrisperidone, 10-Hydroxycarbazepine, Acrylfentanyl, Alfentanil, Alpha-Hydroxyetizolam, Amitriptyline, Amoxapine, Aripiprazole, Brompheniramine, Bupropion, Buspirone, Butylone, Butyrylfentanyl, Caffeine, Carbamazepine, Carbamazepine-10,11-Epoxyde, Carfentanil, cis-3-Methylfentanyl, Chlorpheniramine, Chlorpromazine, Citalopram / Escitalopram, Clomipramine, Clonazolam, Clonidine, Clozapine, Cyclopropylfentanyl, Delorazepam, Desipramine, Desmethylclomipramine, Desmethyldoxepin, Desmethylsertraline, Desmethyltrimipramine, Dextrorphan / Levorphanol, Dibutylone, Dicyclomine, Diltiazem, Diphenhydramine, Doxepin, Doxylamine, Duloxetine, Etizolam, Flubromazolam, Fluoxetine, Fluphenazine, Fluvoxamine, Haloperidol, Hydroxybupropion, Hydroxyzine, Iloperidone, Imipramine, Ketamine, Lamotrigine, Levetiracetam, Loxapine, LSD, mCPP, Mescaline, Mesoridazine, Metaxalone, Methocarbamol, Methylphenidate, N-ethyl Pentylone, Mirtazapine, Mitragynine, Norclozapine, Norfluoxetine, Norketamine, Nortriptyline, O-Desmethylvenlafaxine, Olanzapine, para-Fluoroisobutyrylfentanyl, Paroxetine, Perphenazine, Phenazepam, Pheniramine, Phenytoin, Promazine, Promethazine, Psilocin, Quetiapine, Risperidone, Sertraline, Sufentanil, Tapentadol, Thioridazine, Topiramate, trans-3-Methylfentanyl, Trazodone, Trifluoperazine, Trimipramine, U-47700, Valerylfentanyl, Venlafaxine, Verapamil, Xylazine, Ziprasidone, Zonisamide, Scope Statement

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

52486U Fentanyl Panel Confirmation, Urine

Summary of Changes: Test Name was changed.
Scope of Analysis was changed.
Fentanyl and Norfentanyl were added.



Test Updates

Test Changes

Scope of Analysis: LC-MS/MS (80362): Acetyl Fentanyl, Fentanyl, Norfentanyl
Method (CPT Code)

Analyte Name	Units	Reference Comment
Fentanyl	ng/mL	Approximately 6% of dose is excreted in the urine as unchanged drug in 3 to 4 days.
Norfentanyl	ng/mL	

52486B Fentanyl and 4-ANPP Confirmation, Blood

Summary of Changes: Test Name was changed.
Scope of Analysis was changed.
Fentanyl, Norfentanyl and 4-ANPP were added.

Scope of Analysis: LC-MS/MS (80362): Fentanyl, Norfentanyl, 4-ANPP, Acetyl Fentanyl
Method (CPT Code)

Analyte Name	Units	Reference Comment
Fentanyl	ng/mL	Immediately following a single 2 mcg/kg I.V. dose: Up to 11 ng/mL, declining to 1 ng/mL after one hour. Following the application of a 100 mcg/hour transdermal patch, serum levels (after an initial lag time of approximately six hours) of 0.8-2.6 ng/mL were maintained for more than 24 hours after application. Peak plasma levels following a single oral transmucosal dose (Fentanyl Oralet) of 15 mcg/kg to children: 2-4 ng/mL at 20 minutes.
Norfentanyl 4-ANPP	ng/mL ng/mL	4-ANPP (despropionylfentanyl) is a precursor chemical used in the production of fentanyl/fentanyl related analytes and is also a fentanyl metabolite and may be a metabolite of other fentanyl-related analytes. It is considered to be pharmacologically weak.

52486SP Fentanyl and 4-ANPP Confirmation, Serum/Plasma

Summary of Changes: Test Name was changed.
Scope of Analysis was changed.
Fentanyl, Norfentanyl and 4-ANPP were added.

Scope of Analysis: LC-MS/MS (80362): Fentanyl, Norfentanyl, 4-ANPP, Acetyl Fentanyl
Method (CPT Code)



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Fentanyl	ng/mL	Immediately following a single 2 mcg/kg I.V. dose: Up to 11 ng/mL, declining to 1 ng/mL after one hour. Following the application of a 100 mcg/hour transdermal patch, serum levels (after an initial lag time of approximately six hours) of 0.8-2.6 ng/mL were maintained for more than 24 hours after application. Peak plasma levels following a single oral transmucosal dose (Fentanyl Oralet) of 15 mcg/kg to children: 2-4 ng/mL at 20 minutes.
Norfentanyl 4-ANPP	ng/mL ng/mL	4-ANPP (despropionylfentanyl) is a precursor chemical used in the production of fentanyl/fentanyl related analytes and is also a fentanyl metabolite and may be a metabolite of other fentanyl-related analytes. It is considered to be pharmacologically weak.

1860B GC/MS Drug Screen (Acid/Neutral), Blood

Summary of Changes: Units were changed.
Etomidate was removed.

Scope of Analysis: GC/MS (80307): Acetaminophen, Acetohexamide, Barbitol, Butalbital, Caffeine, Carbamazepine, Carisoprodol, Chlorophene, Chlorpropamide, Chlorzoxazone, Cinnamoylcocaine, Cotinine, Desmethylocitalopram, Desmethylterbinafine, Diethylpropion, Ethinamate, Ethosuximide, Ethotoin, Felbamate, Felodipine, Fluconazole, Gabapentin Breakdown Product, Glutethimide, Guaifenesin, Hexobarbital, Hydroxycotinine, Ibuprofen, Lacosamide, Lamotrigine, Levetiracetam, Mefloquine, Meprobamate, Methaqualone, Metharbital, Methocarbamol, Methsuximide, Methylprimidone, Metronidazole, Naproxen, Naproxen Breakdown Product, Nevirapine, Normethsuximide, Norpropoxypheneamide, O-Desmethylvenlafaxine, Oxcarbazepine, Pentobarbital, Pentoxifylline, Phenacetin, Phenazepam, Phenobarbital, Phensuximide, Phenylbutazone, Phenylethylmalonamide (PEMA), Phenytoin, Primidone, Procaine, Propafenone, Propofol, Ropinirole, Rufinamide, Scopolamine, Secobarbital, Talbutal, Terbinafine, Tetracaine, Theobromine, Theophylline, Thiopental, Topiramate Breakdown Product, Trimethoprim, Xylazine, Zonisamide, Other Findings

Analyte Name	Units	Reference Comment
Butalbital	mcg/mL	A single oral 100 mg dose resulted in a mean peak blood concentration of 2.1 mcg/mL (range, 1.7-2.6 mcg/mL) at 2 hours, with a decline to 1.5 mcg/mL (range, 1.3-1.7 mcg/mL) by 24 hours. Potentially toxic at plasma concentrations greater than 10 mcg/mL.



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Cotinine	ng/mL	Cotinine concentrations from use of tobacco products and/or nicotine replacement therapy: 100-1200 ng/mL.
Ethinamate	mcg/mL	Usual hypnotic range: 5-10 mcg/mL
Felbamate	mcg/mL	<p>Fifty-six adult patients receiving an average daily oral dose of 2300 mg had steady-state trough plasma concentrations averaging 33 mcg/mL (range, 18-52 mcg/mL).</p> <p>Twenty-six patients ages 10-69 years receiving an average daily dose of 2685 mg had serum concentrations averaging 69 mcg/mL (range, 16-165 mcg/mL).</p> <p>The ratio of whole blood concentration to plasma concentration is 1.0.</p>
Fluconazole	mcg/mL	<p>Single oral doses of 50 or 150 mg fluconazole resulted in peak plasma concentrations of 0.93 +/- 0.13 mcg/mL and 2.7 +/- 0.4 mcg/mL respectively.</p> <p>Peak plasma concentrations were 6.7 mcg/mL (range 4.1-8.1 mcg/mL) approximately 1 to 2 hours after a single 400 mg oral dose of fluconazole.</p> <p>The blood to plasma ratio is not known for this analyte.</p>
Lacosamide	mcg/mL	<p>Peak plasma concentrations are reached 1 to 2 hours after a single oral or intravenous dose with a half-life of 13 hours.</p> <p>Following a single 200 mg dose administered as a 30-minute infusion, a 60-minute infusion, or orally as a tablet to 24 male subjects, mean maximum plasma lacosamide concentrations were 5.95 +/- 1.49, 5.38 +/- 1.10 and 5.15 +/- 1.4 mcg/mL, respectively.</p> <p>Mean plasma concentrations following maintenance doses: 200 mg/day: 4.99 +/- 2.51 mcg/mL; 400 mg/day: 9.35 +/- 4.22 mcg/mL; 600 mg/day: 12.46 +/- 5.60 mcg/mL.</p> <p>The ratio of whole blood concentration to plasma concentration is 1.1</p>
Metharbital	mcg/mL	



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Metronidazole	mcg/mL	<p>Peak Serum Concentrations (Single Oral Dose): 250 mg: 5.1 mcg/mL 1000 mg: 20 mcg/mL</p> <p>Plasma Steady-State (500 mg, IV, every 8 h): 22 mcg/mL</p> <p>The blood to plasma ratio for metronidazole is unknown.</p>
Pentobarbital	mcg/mL	<p>Peak serum concentrations of 1.2-3.1 mcg/mL were produced 0.5-2.0 hours after a 100 mg oral dose and peak serum concentrations of 3 mcg/mL were produced 6 min. following a 100 mg IV dose. Potentially toxic at blood concentrations greater than 10 mcg/mL.</p>
Phenobarbital	mcg/mL	<p>Recommended serum concentration range during anticonvulsant therapy with primidone: 10-40 mcg/mL. The blood to plasma ratio is approximately 0.8.</p>
Rufinamide	mcg/mL	<p>Maintenance therapy with 45 mg/kg (approximately 1600 mg) daily rufinamide resulted in plasma concentrations ranging from 5.0-48 mcg/mL (n = 74).</p> <p>Trough plasma concentrations in groups of 129-133 patients maintained on twice-daily 400 or 800 mg doses for 3 months averaged 2.6 or 4.7 mcg/mL, respectively.</p> <p>The blood to plasma ratio of rufinamide is approximately 1.0</p>
Secobarbital	mcg/mL	<p>A 3.3 mg/kg oral dose (approx. 230 mg/70 kg) produced a mean peak blood concentration of 2.0 mcg/mL (range, 1.8-2.2 mcg/mL) at 3 hours, diminishing to 1.3 mcg/mL by 20 hours and 0.8 mcg/mL by 40 hours. Potentially toxic at blood concentrations greater than 8 mcg/mL.</p>
Xylazine	ng/mL	

10053U GC/MS Drug Screen, Urine (CSA)

Summary of Changes: Units were changed.
Etomidate was removed.

Scope of Analysis:
Method (CPT Code)



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Butalbital	mcg/mL	The disposition of butalbital has not been well studied in humans.
Fluconazole	mcg/mL	
Chlorpromazine	mcg/mL	
Methapyrilene	mcg/mL	
Metharbital	mcg/mL	
N-Acetylprocainamide	mcg/mL	N-acetylprocainamide is an antiarrhythmic drug and an active metabolite of procainamide. The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.
Pentobarbital	mcg/mL	Less than 1% of a dose is eliminated in the urine as unchanged drug.
Phenobarbital	mcg/mL	For patients on chronic therapy, a mean of 20% (range, 12 - 55%) of the dose is excreted unchanged in the 24 hour urine.
Procainamide	mcg/mL	
Procyclidine	mcg/mL	Procyclidine is an anticholinergic drug that was previously used in the treatment of Parkinson's disease.
EDDP	ng/mL	In maintenance subjects: Up to 50000 ng of Methadone plus Methadone Metabolites/mL Urine.
Secobarbital	mcg/mL	Secobarbital undergoes extensive biotransformation. However, approximately 5% of secobarbital is excreted unchanged in the urine within 2 days.
Xylazine	ng/mL	
Hydroxychloroquine	ng/mL	
Levamisole	mcg/mL	Levamisole is used as a veterinary antihelminthic (worming agent) in animals. It is no longer available in North America for human use. However, from July-September 2008 approximately 30% of cocaine seized by the DEA was contaminated with levamisole.
Mescaline	mcg/mL	
Normeperidine	mcg/mL	
Phencyclidine	ng/mL	
Propoxyphene	mcg/mL	
Pyrimethamine	mcg/mL	
Quinidine	ng/mL	



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Quinine	ng/mL	Quinine is derived from the bark of the cinchona tree. It has been used in the past as an antimalarial, but is more commonly used today to treat muscle cramps. It is also used as a flavoring agent in tonic water and as a cutting agent in illicit heroin. Adverse effects include gastrointestinal disturbances, tinnitus, dizziness, arrhythmias and hypotension.
Tiletamine Tocainide	mcg/mL mcg/mL	Tocainide is an antiarrhythmic drug that is no longer available in the United States.
Zolazepam	mcg/mL	

8756B Novel Psychoactive Substances (NPS) Screen 1, Blood

Summary of Changes: Scope of Analysis was changed.
 2-fluoro Deschloroketamine, 3-hydroxy-PCP, Acrylfentanyl, alpha-PHP / alpha-PiHP, Benzylone, Deschloroketamine, Etylone, Fentanyl, Flualprazolam, N-butyl Pentylone, N-ethyl Pentylone, Norfentanyl and Valeryl fentanyl were added.
 25B-NBOMe, 25C-NBOMe, 25H-NBOMe, 25I-NBOMe, 3-Fluorophenmetrazine, 4-MeO-PCP, Acryl Fentanyl, BZP, Clephedrone, Deschloroetizolam, MDPV, Meclonazepam, Mephedrone, meta-Methylmethoxyacetylfentanyl, Methoxetamine, Methoxphenidine, Methylone, MPHP, N-Ethyl Pentylone, para-Fluorobutyrylfentanyl, para-Methylmethoxyacetylfentanyl, Pentadone, Pyrazolam, TFMPP, THF-F, U-49900, U-51754 and Valeryl Fentanyl were removed.

Scope of Analysis: LC/TOF-MS (80307): 2-fluoro Deschloroketamine, 2-Furanylfentanyl, 3-hydroxy-PCP, 3-MeO-PCP, 4-ANPP, Acetyl Fentanyl, Acrylfentanyl, Alpha-Hydroxyetizolam, alpha-PHP / alpha-PiHP, alpha-PVP, Benzylone, Bromazepam, Butylone, Butyrylfentanyl, Carfentanil, cis-3-Methylfentanyl, Clonazepam, Cyclopropylfentanyl, Delorazepam, Deschloroketamine, Dibutylone, Diclazepam, Ethylone, Etizolam, Etylone, Fentanyl, Flualprazolam, Flubromazepam, Flubromazolam, Isobutyrylfentanyl, Methoxyacetylfentanyl, Mitragynine, N-butyl Pentylone, N-ethyl Pentylone, Norfentanyl, ortho-Fluorofentanyl, para-Fluorofentanyl, para-Fluoroisobutyrylfentanyl, Pentylone, Phenazepam, trans-3-Methylfentanyl, U-47700, Valeryl fentanyl

Analyte Name	Units	Reference Comment
2-fluoro Deschloroketamine 3-hydroxy-PCP Acrylfentanyl	ng/mL ng/mL ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
alpha-PHP / alpha-PiHP Benzylone Deschloroketamine	ng/mL ng/mL ng/mL	



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Eutylone	ng/mL	Eutylone is classified as a synthetic stimulant and belongs to the beta-keto methylenedioxyamphetamine subclass, which includes synthetic stimulants methylone, butylone, ethylone, and N-ethylpentylone.
Fentanyl	ng/mL	
Flualprazolam	ng/mL	
N-butyl Pentylone	ng/mL	
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Norfentanyl	ng/mL	
Valeryl fentanyl	ng/mL	Valeryl fentanyl is a novel non-prescription synthetic opioid.

8756SP Novel Psychoactive Substances (NPS) Screen 1, Serum/Plasma

Summary of Changes: Scope of Analysis was changed.
 Acrylfentanyl, alpha-PHP / alpha-PiHP, Benzylone, Deschloroketamine, Eutylone, Fentanyl, Flualprazolam, N-butyl Pentylone, N-ethyl Pentylone, Norfentanyl, Valeryl fentanyl, 2-fluoro Deschloroketamine and 3-hydroxy-PCP were added.
 25B-NBOMe, 25C-NBOMe, 25H-NBOMe, 25I-NBOMe, 3-Fluorophenmetrazine, 4-MeO-PCP, Acryl Fentanyl, BZP, Clephedrone, Deschloroetizolam, MDPV, Meclonazepam, Mephedrone, meta-Methylmethoxyacetylfentanyl, Methoxetamine, Methoxphenidine, Methylone, MPHP, N-Ethyl Pentylone, para-Fluorobutyrylfentanyl, para-Methylmethoxyacetylfentanyl, Pentedrone, Pyrazolam, TFMPP, THF-F, U-49900, U-51754, Valeryl Fentanyl were removed.

Scope of Analysis: LC/TOF-MS (80307): 2-fluoro Deschloroketamine, 2-Furanylfentanyl, 3-hydroxy-PCP, 3-MeO-PCP, 4-ANPP, Acetyl Fentanyl, Acrylfentanyl, Alpha-Hydroxyetizolam, alpha-PHP / alpha-PiHP, alpha-PVP, Benzylone, Bromazepam, Butylone, Butyrylfentanyl, Carfentanil, cis-3-Methylfentanyl, Clonazepam, Cyclopropylfentanyl, Delorazepam, Deschloroketamine, Dibutylone, Diclazepam, Ethylone, Etizolam, Eutylone, Fentanyl, Flualprazolam, Flubromazepam, Flubromazolam, Isobutyrylfentanyl, Methoxyacetylfentanyl, Mitragynine, N-butyl Pentylone, N-ethyl Pentylone, Norfentanyl, ortho-Fluorofentanyl, para-Fluorofentanyl, para-Fluoroisobutyrylfentanyl, Pentylone, Phenazepam, trans-3-Methylfentanyl, U-47700, Valeryl fentanyl

Analyte Name	Units	Reference Comment
2-fluoro Deschloroketamine	ng/mL	
3-hydroxy-PCP	ng/mL	
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.
alpha-PHP / alpha-PiHP	ng/mL	
Benzylone	ng/mL	
Deschloroketamine	ng/mL	



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Eutylone	ng/mL	Eutylone is classified as a synthetic stimulant and belongs to the beta-keto-methylenedioxyamphetamine subclass, which includes synthetic stimulants methylone, butylone, ethylone, and N-ethylpentylone.
Fentanyl	ng/mL	
Flualprazolam	ng/mL	
N-butyl Pentylone	ng/mL	
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Norfentanyl	ng/mL	
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

8756U Novel Psychoactive Substances (NPS) Screen 1, Urine

Summary of Changes: Stability was changed.
 Scope of Analysis was changed.
 2-fluoro Deschloroketamine, 3-hydroxy-PCP, Acrylfentanyl, alpha-PHP / alpha-PiHP, Benzylone, Deschloroketamine, Eutylone, Fentanyl, Flualprazolam, N-butyl Pentylone, N-ethyl Pentylone, Norfentanyl and Valerylfentanyl were added.
 25B-NBOMe, 25C-NBOMe, 25H-NBOMe, 25I-NBOMe, 3-Fluorophenmetrazine, 4-MeO-PCP, Acryl Fentanyl, BZP, Clephedrone, Deschloroetizolam, MDPV, Meclonazepam, Mephedrone, meta-Methylmethoxyacetylfentanyl, Methoxetamine, Methoxphenidine, Methylone, MPHP, N-Ethyl Pentylone, para-Fluorobutyrylfentanyl, para-Methylmethoxyacetylfentanyl, Pentadrone, Pyrazolam, TFMPP, THF-F, U-49900, U-51754 and Valeryl Fentanyl were removed.

Stability: Room Temperature: Not Stable
 Refrigerated: 14 day(s)
 Frozen (-20 °C): 28 day(s)

Scope of Analysis: LC/TOF-MS (80307): 2-fluoro Deschloroketamine, 2-Furanylfentanyl, 3-hydroxy-PCP, 3-MeO-PCP, 4-ANPP, Acetyl Fentanyl, Acrylfentanyl, Alpha-Hydroxyetizolam, alpha-PHP / alpha-PiHP, alpha-PVP, Benzylone, Bromazepam, Butylone, Butyrylfentanyl, Carfentanil, cis-3-Methylfentanyl, Clonazepam, Cyclopropylfentanyl, Delorazepam, Deschloroketamine, Dibutylone, Diclazepam, Ethylone, Etizolam, Eutylone, Fentanyl, Flualprazolam, Flubromazepam, Flubromazolam, Isobutyrylfentanyl, Methoxyacetylfentanyl, Mitragynine, N-butyl Pentylone, N-ethyl Pentylone, Norfentanyl, ortho-Fluorofentanyl, para-Fluorofentanyl, para-Fluoroisobutyrylfentanyl, Pentylone, Phenazepam, trans-3-Methylfentanyl, U-47700, Valerylfentanyl

Analyte Name	Units	Reference Comment
2-fluoro Deschloroketamine	ng/mL	
3-hydroxy-PCP	ng/mL	
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
alpha-PHP / alpha-PiHP	ng/mL	
Benzylone	ng/mL	
Deschloroketamine	ng/mL	
Eutylone	ng/mL	
Fentanyl	ng/mL	
Flualprazolam	ng/mL	
N-butyl Pentylone	ng/mL	
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Norfentanyl	ng/mL	
Valeryl fentanyl	ng/mL	Valeryl fentanyl is a novel non-prescription synthetic opioid.

90036U Opioids Panel, Urine (CSA)

Summary of Changes: Scope of Analysis was changed.
Norbuprenorphine was added.
Norbuprenorphine - Total was removed.

Scope of Analysis: LC/TOF-MS (80307): 6-Monoacetylmorphine, Buprenorphine, Butorphanol, Codeine, Dihydrocodeine / Hydrocodol, EDDP, Fentanyl, Hydrocodone, Hydromorphone, Meperidine, Methadone, Morphine, Norbuprenorphine, Norfentanyl, Normeperidine, O-Desmethyltramadol, Oxycodone, Oxymorphone, Tapentadol, Tramadol

Analyte Name	Units	Reference Comment
Norbuprenorphine	ng/mL	

90035U Opioids Screen, Urine (CSA)

Summary of Changes: Scope of Analysis was changed.
Norbuprenorphine was added.
Norbuprenorphine - Total was removed.

Scope of Analysis: LC/TOF-MS (80307): 6-Monoacetylmorphine, Buprenorphine, Butorphanol, Codeine, Dihydrocodeine / Hydrocodol, EDDP, Fentanyl, Hydrocodone, Hydromorphone, Meperidine, Methadone, Morphine, Norbuprenorphine, Norfentanyl, Normeperidine, O-Desmethyltramadol, Oxycodone, Oxymorphone, Tapentadol, Tramadol

Analyte Name	Units	Reference Comment
Norbuprenorphine	ng/mL	

8155U Postmortem Designer Opioids Add-On (Qualitative), Urine (Forensic)

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl and Valeryl fentanyl were added.
Acryl Fentanyl and Valeryl Fentanyl were removed.



Test Updates

Test Changes

Scope of Analysis: LC-MS/MS (80354, 80364): Methoxyacetylfentanyl, 4-ANPP, THF-F, meta-Methylmethoxyacetylfentanyl, para-Methylmethoxyacetylfentanyl, Acrylfentanyl, para-Fluorofentanyl, ortho-Fluorofentanyl, 2-Furanylfentanyl, U-47700, U-49900, U-51754, Carfentanil, Cyclopropylfentanyl, trans-3-Methylfentanyl, cis-3-Methylfentanyl, Isobutyrylfentanyl, Butyrylfentanyl, para-Fluoroisobutyrylfentanyl, para-Fluorobutyrylfentanyl, Valerylfentanyl

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

8155B Postmortem Designer Opioids Add-On, Blood (Forensic)

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl and Valerylfentanyl were added.
Acryl Fentanyl and Valeryl Fentanyl were removed.

Scope of Analysis: LC-MS/MS (80354, 80364): Methoxyacetylfentanyl, 4-ANPP, THF-F, meta-Methylmethoxyacetylfentanyl, para-Methylmethoxyacetylfentanyl, Acrylfentanyl, para-Fluorofentanyl, ortho-Fluorofentanyl, 2-Furanylfentanyl, U-47700, U-49900, U-51754, Carfentanil, Cyclopropylfentanyl, trans-3-Methylfentanyl, cis-3-Methylfentanyl, Isobutyrylfentanyl, Butyrylfentanyl, para-Fluoroisobutyrylfentanyl, para-Fluorobutyrylfentanyl, Valerylfentanyl

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

8155SP Postmortem Designer Opioids Add-On, Serum/Plasma (Forensic)

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl and Valerylfentanyl were added.
Acryl Fentanyl and Valeryl Fentanyl were removed.

Scope of Analysis: LC-MS/MS (80354, 80364): Methoxyacetylfentanyl, 4-ANPP, THF-F, meta-Methylmethoxyacetylfentanyl, para-Methylmethoxyacetylfentanyl, Acrylfentanyl, para-Fluorofentanyl, ortho-Fluorofentanyl, 2-Furanylfentanyl, U-47700, U-49900, U-51754, Carfentanil, Cyclopropylfentanyl, trans-3-Methylfentanyl, cis-3-Methylfentanyl, Isobutyrylfentanyl, Butyrylfentanyl, para-Fluoroisobutyrylfentanyl, para-Fluorobutyrylfentanyl, Valerylfentanyl



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

8063B Postmortem, Basic to Expanded Upgrade, Blood (Forensic)

Summary of Changes: Scope of Analysis was changed.
Norpropoxyphene, Propoxyphene, Valerylfentanyl, Acrylfentanyl and N-ethyl Pentylone were added.
Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Norpropoxyphene	mcg/mL	Average serum concentrations following a daily regimen of 195 mg Propoxyphene: 1.45 mcg Norpropoxyphene/mL.
Propoxyphene	mcg/mL	Average serum concentrations following a daily regimen of 195 mg Propoxyphene: 0.42 mcg Propoxyphene/mL.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

8063FL Postmortem, Basic to Expanded Upgrade, Fluid (Forensic)



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Summary of Changes: Scope of Analysis was changed.
Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, TFMPP,
Tiletamine, Trihexyphenidyl and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Ethinamate	mcg/mL	
Felbamate	mcg/mL	
Fluconazole	mcg/mL	
Lacosamide	mcg/mL	Lacosamide is a functionalized amino acid specifically synthesized as an anticonvulsant drug. In addition to being approved for use as an adjunctive therapy of partial-onset seizures it has been investigated as a treatment for diabetic neuropathic pain. Lacosamide can be administered either orally or intravenously. The recommended initial dose is 50 mg/twice a day, up to a maintenance dose of 200 to 400 mg/day. Patients exposed to supratherapeutic doses during clinical trials had adverse events that were not clinically different than those reported in patients receiving recommended doses of lacosamide.
Rufinamide	mcg/mL	
Chlorpromazine	mcg/mL	
Clonidine	ng/mL	Clonidine is a potent antihypertensive agent that has both alpha-adrenergic agonist and antagonist activities. It is normally supplied in tablets containing 0.1, 0.2, or 0.3 mg each. The recommended daily oral dose ranges from a minimum of 0.2 mg to a maximum of 2.4 mg per day, although the dose at the high end of the range is rarely employed. While overdoses from clonidine are common, deaths are rare. Clinical sequelae of clonidine toxicity may include hypertension or hypotension, bradycardia, lethargy, weakness, somnolence, and hypoventilation. Severe overdoses may result in cardiac conduction defects, arrhythmias, apnea, convulsions, coma and death.
Xylazine	ng/mL	
Hydroxychloroquine	ng/mL	
mCPP	mcg/mL	
Mescaline	mcg/mL	
Normeperidine	mcg/mL	
Propoxyphene	mcg/mL	
Quinidine	ng/mL	
Quinine	ng/mL	



Test Updates

Test Changes

8063SP Postmortem, Basic to Expanded Upgrade, Serum/Plasma (Forensic)

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl, N-ethyl Pentylone, Norpropoxyphene, Propoxyphene and Valerylfentanyl were added.
Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Norpropoxyphene	mcg/mL	Average serum concentrations following a daily regimen of 195 mg Propoxyphene: 1.45 mcg Norpropoxyphene/mL.
Propoxyphene	mcg/mL	Average serum concentrations following a daily regimen of 195 mg Propoxyphene: 0.42 mcg Propoxyphene/mL.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.
Xylazine	ng/mL	

8063TI Postmortem, Basic to Expanded Upgrade, Tissue (Forensic)

Summary of Changes: Scope of Analysis was changed.
Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, TFMPP, Tiletamine, Trihexyphenidyl and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Ethinamate	mcg/g	
Felbamate	mcg/g	
Fluconazole	mcg/g	



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Lacosamide	mcg/g	Lacosamide is a functionalized amino acid specifically synthesized as an anticonvulsant drug. In addition to being approved for use as an adjunctive therapy of partial-onset seizures it has been investigated as a treatment for diabetic neuropathic pain. Lacosamide can be administered either orally or intravenously. The recommended initial dose is 50 mg/twice a day, up to a maintenance dose of 200 to 400 mg/day. Patients exposed to supratherapeutic doses during clinical trials had adverse events that were not clinically different than those reported in patients receiving recommended doses of lacosamide.
Rufinamide Clonidine	mcg/g ng/g	Clonidine is a potent antihypertensive agent that has both alpha-adrenergic agonist and antagonist activities. It is normally supplied in tablets containing 0.1, 0.2, or 0.3 mg each. The recommended daily oral dose ranges from a minimum of 0.2 mg to a maximum of 2.4 mg per day, although the dose at the high end of the range is rarely employed. While overdoses from clonidine are common, deaths are rare. Clinical sequelae of clonidine toxicity may include hypertension or hypotension, bradycardia, lethargy, weakness, somnolence, and hypoventilation. Severe overdoses may result in cardiac conduction defects, arrhythmias, apnea, convulsions, coma and death.
Xylazine	ng/g	
Hydroxychloroquine	ng/g	
mCPP	mcg/g	
Mescaline	mcg/g	
Normeperidine	mcg/g	
Propoxyphene	mcg/g	
Quinidine	ng/g	
Quinine	ng/g	
Trimipramine	ng/g	

8063U Postmortem, Basic to Expanded Upgrade, Urine (Forensic)

Summary of Changes: Scope of Analysis was changed. Acrylfentanyl, N-ethyl Pentylone, Norpropoxyphene, Propoxyphene and Valeryl fentanyl were added.
Units were changed. Acryl Fentanyl, BZP, Diclazepam, Glipizide, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl and Zolazepam were removed.



Test Updates

Test Changes

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.
Chlorpromazine	mcg/mL	
mCPP	mcg/mL	
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Norpropoxyphene	mcg/mL	
Propoxyphene	mcg/mL	
Valeryl fentanyl	ng/mL	Valeryl fentanyl is a novel non-prescription synthetic opioid.
Xylazine	ng/mL	

8084B Postmortem, Expanded w/ Vitreous Alcohol and 6-MAM Confirmation, Blood (Forensic)

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl, N-ethyl Pentylone and Valeryl fentanyl were added.
Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Valeryl fentanyl	ng/mL	Valeryl fentanyl is a novel non-prescription synthetic opioid.

10052B Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) (CSA)



Test Updates

Test Changes

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl, N-ethyl Pentylone and Valerylfentanyl were added.
Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl, Voriconazole, Zolazepam and were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

8042B Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)

Summary of Changes: Scope of Analysis was changed.
Valerylfentanyl, Acrylfentanyl and N-ethyl Pentylone were added.
Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

8057B Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood - University of MI (Forensic) (CSA)

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl, N-ethyl Pentylone and Valerylfentanyl were added.
Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

8062B Postmortem, Expanded w/o Alcohol, Blood (Forensic)



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl, N-ethyl Pentylone and Valerylfentanyl were added.
Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

8062FL Postmortem, Expanded w/o Alcohol, Fluid (Forensic)

Summary of Changes: Scope of Analysis was changed.
Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, TFMPP, Tiletamine, Trihexyphenidyl and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Butalbital	mcg/mL	
Ethinamate	mcg/mL	
Felbamate	mcg/mL	
Fluconazole	mcg/mL	



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Lacosamide	mcg/mL	Lacosamide is a functionalized amino acid specifically synthesized as an anticonvulsant drug. In addition to being approved for use as an adjunctive therapy of partial-onset seizures it has been investigated as a treatment for diabetic neuropathic pain. Lacosamide can be administered either orally or intravenously. The recommended initial dose is 50 mg/twice a day, up to a maintenance dose of 200 to 400 mg/day. Patients exposed to supratherapeutic doses during clinical trials had adverse events that were not clinically different than those reported in patients receiving recommended doses of lacosamide.
Pentobarbital	mcg/mL	
Phenobarbital	mcg/mL	
Rufinamide	mcg/mL	
Secobarbital	mcg/mL	
Chlorpromazine	mcg/mL	
Clonidine	ng/mL	Clonidine is a potent antihypertensive agent that has both alpha-adrenergic agonist and antagonist activities. It is normally supplied in tablets containing 0.1, 0.2, or 0.3 mg each. The recommended daily oral dose ranges from a minimum of 0.2 mg to a maximum of 2.4 mg per day, although the dose at the high end of the range is rarely employed. While overdoses from clonidine are common, deaths are rare. Clinical sequelae of clonidine toxicity may include hypertension or hypotension, bradycardia, lethargy, weakness, somnolence, and hypoventilation. Severe overdoses may result in cardiac conduction defects, arrhythmias, apnea, convulsions, coma and death.
Xylazine	ng/mL	
EDDP	ng/mL	
Hydroxychloroquine	ng/mL	
mCPP	mcg/mL	
Mescaline	mcg/mL	
Normeperidine	mcg/mL	
Phencyclidine	ng/mL	
Propoxyphene	mcg/mL	
Quinidine	ng/mL	
Quinine	ng/mL	

8062TI Postmortem, Expanded w/o Alcohol, Tissue (Forensic)



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Summary of Changes: Scope of Analysis was changed.
Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, TFMPP,
Tiletamine, Trihexyphenidyl and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Butalbital	mcg/g	Lacosamide is a functionalized amino acid specifically synthesized as an anticonvulsant drug. In addition to being approved for use as an adjunctive therapy of partial-onset seizures it has been investigated as a treatment for diabetic neuropathic pain. Lacosamide can be administered either orally or intravenously. The recommended initial dose is 50 mg/twice a day, up to a maintenance dose of 200 to 400 mg/day. Patients exposed to supratherapeutic doses during clinical trials had adverse events that were not clinically different than those reported in patients receiving recommended doses of lacosamide.
Ethinamate	mcg/g	
Felbamate	mcg/g	
Fluconazole	mcg/g	
Lacosamide	mcg/g	
Pentobarbital	mcg/g	Secobarbital undergoes extensive biotransformation. However, approximately 5% of secobarbital is excreted unchanged in the urine within 2 days.
Phenobarbital	mcg/g	
Rufinamide	mcg/g	
Secobarbital	mcg/g	
Clonidine	ng/g	Clonidine is a potent antihypertensive agent that has both alpha-adrenergic agonist and antagonist activities. It is normally supplied in tablets containing 0.1, 0.2, or 0.3 mg each. The recommended daily oral dose ranges from a minimum of 0.2 mg to a maximum of 2.4 mg per day, although the dose at the high end of the range is rarely employed. While overdoses from clonidine are common, deaths are rare. Clinical sequelae of clonidine toxicity may include hypertension or hypotension, bradycardia, lethargy, weakness, somnolence, and hypoventilation. Severe overdoses may result in cardiac conduction defects, arrhythmias, apnea, convulsions, coma and death.
Xylazine	ng/g	
EDDP	ng/g	



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Hydroxychloroquine	ng/g	
mCPP	mcg/g	
Mescaline	mcg/g	
Normeperidine	mcg/g	
Phencyclidine	ng/g	
Propoxyphene	mcg/g	
Quinidine	ng/g	
Quinine	ng/g	
Trimipramine	ng/g	

8062U Postmortem, Expanded w/o Alcohol, Urine (Forensic)

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl, N-ethyl Pentylone, Norbuprenorphine and Valeryl fentanyl were added.
Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Glipizide, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, Norbuprenorphine - Total, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.
Chlorpromazine	mcg/mL	
mCPP	mcg/mL	
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Norbuprenorphine	ng/mL	
Valeryl fentanyl	ng/mL	Valeryl fentanyl is a novel non-prescription synthetic opioid.
Xylazine	ng/mL	

8054B Postmortem, Expanded with NPS, Blood (Forensic)

Summary of Changes: Scope of Analysis was changed.
2-fluoro Deschloroketamine, 3-hydroxy-PCP, Acrylfentanyl, alpha-PHP / alpha-PiHP, Benzylone, Deschloroketamine, Eutylone, Flualprazolam, N-butyl Pentylone, N-ethyl Pentylone and Valeryl fentanyl were added.
Units were changed.
25B-NBOMe, 25C-NBOMe, 25H-NBOMe, 25I-NBOMe, 3-Fluorophenmetrazine, 4-MeO-PCP, 5-fluoro-MDMB-PICA, Acryl Fentanyl, BZP, Clephedrone, Deschloroetizolam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, MDPV, Meclonazepam,



Test Updates

Test Changes

Mephedrone, meta-Methylmethoxyacetylfentanyl, Methoxetamine, Methoxphenidine, Methylone, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), MPHP, N-Ethyl Pentylone, para-Fluorobutyrylfentanyl, para-Methylmethoxyacetylfentanyl, Pentedrone, Pyrazolam, TFMPP, THF-F, Tiletamine, Trihexyphenidyl, U-49900, U-51754, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
2-fluoro Deschloroketamine	ng/mL	
3-hydroxy-PCP	ng/mL	
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
alpha-PHP / alpha-PiHP	ng/mL	
Benzylone	ng/mL	
Deschloroketamine	ng/mL	
Eutylone	ng/mL	Eutylone is classified as a synthetic stimulant and belongs to the beta-keto methylenedioxyamphetamine subclass, which includes synthetic stimulants methylone, butylone, ethylone, and N-ethylpentylone.
Flualprazolam	ng/mL	
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
N-butyl Pentylone	ng/mL	
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

90025B Postmortem, Expanded, Blood (Forensic) (CSA)

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl, N-ethyl Pentylone and Valerylfentanyl were added.
Units were changed.
Acryl Fentanyl, Diclazepam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

8052B Postmortem, Expanded, Blood (Forensic)

Summary of Changes: Scope of Analysis was changed. Acrylfentanyl, N-ethyl Pentylone and Valerylfentanyl were added. Units were changed. Acryl Fentanyl, BZP, Diclazepam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.



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Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

8052FL Postmortem, Expanded, Fluid (Forensic)

Summary of Changes: Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, TFMPP, Tiletamine, Trihexyphenidyl and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Butalbital	mcg/mL	
Ethinamate	mcg/mL	
Felbamate	mcg/mL	
Fluconazole	mcg/mL	
Lacosamide	mcg/mL	Lacosamide is a functionalized amino acid specifically synthesized as an anticonvulsant drug. In addition to being approved for use as an adjunctive therapy of partial-onset seizures it has been investigated as a treatment for diabetic neuropathic pain. Lacosamide can be administered either orally or intravenously. The recommended initial dose is 50 mg/twice a day, up to a maintenance dose of 200 to 400 mg/day. Patients exposed to supratherapeutic doses during clinical trials had adverse events that were not clinically different than those reported in patients receiving recommended doses of lacosamide.

Pentobarbital	mcg/mL	
Phenobarbital	mcg/mL	
Rufinamide	mcg/mL	
Secobarbital	mcg/mL	
Chlorpromazine	mcg/mL	
Clonidine	ng/mL	

Clonidine is a potent antihypertensive agent that has both alpha-adrenergic agonist and antagonist activities. It is normally supplied in tablets containing 0.1, 0.2, or 0.3 mg each. The recommended daily oral dose ranges from a minimum of 0.2 mg to a maximum of 2.4 mg per day, although the dose at the high end of the range is rarely employed.

While overdoses from clonidine are common, deaths are



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Test Updates

Test Changes

Analyte Name	Units	Reference Comment
		rare. Clinical sequelae of clonidine toxicity may include hypertension or hypotension, bradycardia, lethargy, weakness, somnolence, and hypoventilation. Severe overdoses may result in cardiac conduction defects, arrhythmias, apnea, convulsions, coma and death.
Xylazine	ng/mL	
EDDP	ng/mL	
Hydroxychloroquine	ng/mL	
mCPP	mcg/mL	
Mescaline	mcg/mL	
Normeperidine	mcg/mL	
Phencyclidine	ng/mL	
Propoxyphene	mcg/mL	
Quinidine	ng/mL	
Quinine	ng/mL	

8052SP Postmortem, Expanded, Serum/Plasma (Forensic)

Summary of Changes: Scope of Analysis was changed. Valerylfentanyl, Acrylfentanyl and N-ethyl Pentylone were added. Units were changed. Acryl Fentanyl, BZP, Diclazepam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.
Xylazine	ng/mL	

8052TI Postmortem, Expanded, Tissue (Forensic)



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Summary of Changes: Scope of Analysis was changed.
Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, TFMPP,
Tiletamine, Trihexyphenidyl and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Butalbital	mcg/g	Lacosamide is a functionalized amino acid specifically synthesized as an anticonvulsant drug. In addition to being approved for use as an adjunctive therapy of partial-onset seizures it has been investigated as a treatment for diabetic neuropathic pain. Lacosamide can be administered either orally or intravenously. The recommended initial dose is 50 mg/twice a day, up to a maintenance dose of 200 to 400 mg/day. Patients exposed to supratherapeutic doses during clinical trials had adverse events that were not clinically different than those reported in patients receiving recommended doses of lacosamide.
Ethinamate	mcg/g	
Felbamate	mcg/g	
Fluconazole	mcg/g	
Lacosamide	mcg/g	
Pentobarbital	mcg/g	Secobarbital undergoes extensive biotransformation. However, approximately 5% of secobarbital is excreted unchanged in the urine within 2 days.
Phenobarbital	mcg/g	
Rufinamide	mcg/g	
Secobarbital	mcg/g	
Clonidine	ng/g	Clonidine is a potent antihypertensive agent that has both alpha-adrenergic agonist and antagonist activities. It is normally supplied in tablets containing 0.1, 0.2, or 0.3 mg each. The recommended daily oral dose ranges from a minimum of 0.2 mg to a maximum of 2.4 mg per day, although the dose at the high end of the range is rarely employed. While overdoses from clonidine are common, deaths are rare. Clinical sequelae of clonidine toxicity may include hypertension or hypotension, bradycardia, lethargy, weakness, somnolence, and hypoventilation. Severe overdoses may result in cardiac conduction defects, arrhythmias, apnea, convulsions, coma and death.
Xylazine	ng/g	
EDDP	ng/g	



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Hydroxychloroquine	ng/g	
mCPP	mcg/g	
Mescaline	mcg/g	
Normeperidine	mcg/g	
Phencyclidine	ng/g	
Propoxyphene	mcg/g	
Quinidine	ng/g	
Quinine	ng/g	
Trimipramine	ng/g	

8052U Postmortem, Expanded, Urine (Forensic)

Summary of Changes: Scope of Analysis was changed.
Acrylfentanyl, N-ethyl Pentylone, Norbuprenorphine and Valeryl fentanyl were added.
Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Glipizide, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, Norbuprenorphine - Total, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Acrylfentanyl	ng/mL	Acrylfentanyl is a novel non-prescription synthetic opioid.
Chlorpromazine	mcg/mL	
mCPP	mcg/mL	
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Norbuprenorphine	ng/mL	
Valeryl fentanyl	ng/mL	Valeryl fentanyl is a novel non-prescription synthetic opioid.
Xylazine	ng/mL	

39052B Postmortem, Expanded-II, Blood (Forensic) (SSA)

Summary of Changes: Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.

39042B Postmortem, Expanded-II, with Vitreous Alcohol Confirmation, Blood (Forensic) (SSA)

Summary of Changes: Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.

10092B Postmortem, Expert w/Vitreous Alcohol Confirmation, Blood (Forensic) (CSA)

Summary of Changes: Scope of Analysis was changed.
2-fluoro Deschloroketamine, 3-hydroxy-PCP, 5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA, Acrylfentanyl, alpha-PHP / alpha-PiHP, Benzylone, Deschloroketamine, Eutylone, Flualprazolam, N-butyl Pentylone, N-ethyl Pentylone and Valerylfentanyl were added.
Units were changed.
25B-NBOMe, 25C-NBOMe, 25H-NBOMe, 25I-NBOMe, 3-Fluorophenmetrazine, 4-MeO-PCP, 5-fluoro-MDMB-PICA, Acryl Fentanyl, BZP, Clephedrone, Deschloroetizolam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, MDPV, Meclonazepam, Mephedrone, meta-Methylmethoxyacetylfentanyl, Methoxetamine, Methoxyphenidine, Methylone, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), MPHP, N-Ethyl Pentylone, para-Fluorobutyrylfentanyl, para-Methylmethoxyacetylfentanyl, Pentedrone, Pyrazolam, TFMPP, THF-F, Tiletamine, Trihexyphenidyl, U-49900, U-51754, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
2-fluoro Deschloroketamine	ng/mL	



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
3-hydroxy-PCP	ng/mL	
5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA	ng/mL	
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
alpha-PHP / alpha-PiHP	ng/mL	
Benzyllone	ng/mL	
Deschloroketamine	ng/mL	
Etyllone	ng/mL	Etyllone is classified as a synthetic stimulant and belongs to the beta-keto methylenedioxyamphetamine subclass, which includes synthetic stimulants methylone, butyllone, ethyllone, and N-ethylpentyllone.
Flualprazolam	ng/mL	
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
N-butyl Pentyllone	ng/mL	
N-ethyl Pentyllone	ng/mL	N-ethyl Pentyllone is a novel psychoactive stimulant.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

10151B Postmortem, Expert w/Vitreous Alcohol Confirmation, Blood (Forensic) (CSA)

Summary of Changes: Scope of Analysis was changed.
3-hydroxy-PCP, 5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA, Acrylfentanyl, 2-fluoro Deschloroketamine, alpha-PHP / alpha-PiHP, Benzyllone, Deschloroketamine, Etyllone, Flualprazolam, N-butyl Pentyllone, N-ethyl Pentyllone and Valerylfentanyl were added.
Units were changed.
25B-NBOMe, 25C-NBOMe, 25H-NBOMe, 25I-NBOMe, 3-Fluorophenmetrazine, 4-MeO-PCP, 5-fluoro-MDMB-PICA, Acryl Fentanyl, BZP, Clephedrone, Deschloroetizolam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, MDPV, Meclonazepam, Mephedrone, meta-Methylmethoxyacetylfentanyl, Methoxetamine, Methoxphenidine, Methylone, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), MPHP, N-Ethyl Pentyllone, para-Fluorobutyrylfentanyl, para-Methylmethoxyacetylfentanyl, Pentedrone, Pyrazolam, TFMPP, THF-F, Tiletamine, Trihexyphenidyl, U-49900, U-51754, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
2-fluoro Deschloroketamine	ng/mL	
3-hydroxy-PCP	ng/mL	
5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA	ng/mL	
Acrylfentanyl	ng/mL	Acrylfentanyl is known to have limited stability in blood which may be dependent upon pH, collection tube, and storage temperature. Negative results should be interpreted with caution.
alpha-PHP / alpha-PiHP	ng/mL	
Benzyllone	ng/mL	
Deschloroketamine	ng/mL	
Eutylone	ng/mL	Eutylone is classified as a synthetic stimulant and belongs to the beta-keto methylenedioxyamphetamine subclass, which includes synthetic stimulants methylone, butylone, ethylone, and N-ethylpentylone.
Flualprazolam	ng/mL	
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
N-butyl Pentylone	ng/mL	
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Valerylfentanyl	ng/mL	Valerylfentanyl is a novel non-prescription synthetic opioid.

8043B Postmortem, Expert w/Vitreous Alcohol Confirmation, Blood (Forensic)

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl and Zolazepam were removed,

Scope of Analysis:
Method (CPT Code)



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Butalbital	mcg/mL	A single oral 100 mg dose resulted in a mean peak blood concentration of 2.1 mcg/mL (range, 1.7-2.6 mcg/mL) at 2 hours, with a decline to 1.5 mcg/mL (range, 1.3-1.7 mcg/mL) by 24 hours. Potentially toxic at plasma concentrations greater than 10 mcg/mL.
Ethinamate	mcg/mL	Usual hypnotic range: 5-10 mcg/mL
Felbamate	mcg/mL	Fifty-six adult patients receiving an average daily oral dose of 2300 mg had steady-state trough plasma concentrations averaging 33 mcg/mL (range, 18-52 mcg/mL). Twenty-six patients ages 10-69 years receiving an average daily dose of 2685 mg had serum concentrations averaging 69 mcg/mL (range, 16-165 mcg/mL). The ratio of whole blood concentration to plasma concentration is 1.0.
Fluconazole	mcg/mL	Single oral doses of 50 or 150 mg fluconazole resulted in peak plasma concentrations of 0.93 +/- 0.13 mcg/mL and 2.7 +/- 0.4 mcg/mL respectively. Peak plasma concentrations were 6.7 mcg/mL (range 4.1-8.1 mcg/mL) approximately 1 to 2 hours after a single 400 mg oral dose of fluconazole. The blood to plasma ratio is not known for this analyte.
Lacosamide	mcg/mL	Peak plasma concentrations are reached 1 to 2 hours after a single oral or intravenous dose with a half-life of 13 hours. Following a single 200 mg dose administered as a 30-minute infusion, a 60-minute infusion, or orally as a tablet to 24 male subjects, mean maximum plasma lacosamide concentrations were 5.95 +/- 1.49, 5.38 +/- 1.10 and 5.15 +/- 1.4 mcg/mL, respectively. Mean plasma concentrations following maintenance doses: 200 mg/day: 4.99 +/- 2.51 mcg/mL; 400 mg/day: 9.35 +/- 4.22 mcg/mL; 600 mg/day: 12.46 +/- 5.60 mcg/mL. The ratio of whole blood concentration to plasma concentration is 1.1
Metharbital	mcg/mL	



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Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Metronidazole	mcg/mL	<p>Peak Serum Concentrations (Single Oral Dose): 250 mg: 5.1 mcg/mL 1000 mg: 20 mcg/mL</p> <p>Plasma Steady-State (500 mg, IV, every 8 h): 22 mcg/mL</p> <p>The blood to plasma ratio for metronidazole is unknown.</p>
O-Desmethylvenlafaxine	ng/mL	<p>Steady-state peak plasma levels following a daily regimen of Venlafaxine occur at approximately 2.5 hours for O-Desmethylvenlafaxine: 94-200 ng/mL (75 mg/day), 85-472 ng/mL (150 mg/day), 243-515 ng/mL (225 mg/day), 390-1096 ng/mL (450 mg/day).</p> <p>Steady-state trough plasma levels following a 150 mg per day regimen: 65-300 ng O-Desmethylvenlafaxine/mL.</p>
Pentobarbital	mcg/mL	<p>Peak serum concentrations of 1.2-3.1 mcg/mL were produced 0.5-2.0 hours after a 100 mg oral dose and peak serum concentrations of 3 mcg/mL were produced 6 min. following a 100 mg IV dose. Potentially toxic at blood concentrations greater than 10 mcg/mL.</p>
Phenobarbital	mcg/mL	<p>Recommended serum concentration range during anticonvulsant therapy with primidone: 10-40 mcg/mL. The blood to plasma ratio is approximately 0.8.</p>
Clonidine	ng/mL	<p>Immediate-release, oral: 0.50-2.0 ng/mL, 2 hours after administration; Sustained-release, patch: 0.20-2.0 ng/mL, at steady-state; Sustained-release, oral: 0.20-0.27 ng/mL, 6.8 +/- 3.6 hours after a 0.1 mg single dose in healthy fed adults; children receive higher doses on a mg/kg basis.</p> <p>The ratio of whole blood concentration to serum or plasma concentration is unknown for this analyte.</p>



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Rufinamide	mcg/mL	<p>Maintenance therapy with 45 mg/kg (approximately 1600 mg) daily rufinamide resulted in plasma concentrations ranging from 5.0-48 mcg/mL (n = 74).</p> <p>Trough plasma concentrations in groups of 129-133 patients maintained on twice-daily 400 or 800 mg doses for 3 months averaged 2.6 or 4.7 mcg/mL, respectively.</p> <p>The blood to plasma ratio of rufinamide is approximately 1.0</p>
Secobarbital	mcg/mL	<p>A 3.3 mg/kg oral dose (approx. 230 mg/70 kg) produced a mean peak blood concentration of 2.0 mcg/mL (range, 1.8-2.2 mcg/mL) at 3 hours, diminishing to 1.3 mcg/mL by 20 hours and 0.8 mcg/mL by 40 hours. Potentially toxic at blood concentrations greater than 8 mcg/mL.</p>
Xylazine EDDP Hydroxychloroquine	ng/mL ng/mL ng/mL	<p>Peak plasma concentrations of 410 +/- 130 ng/mL were achieved 2.4 hours after a single oral dose of 400 mg hydroxychloroquine (n = 6). Two cases of hydroxychloroquine overdose (20 g each) were successfully treated throughout cardiovascular collapse and had serum concentrations of 14000 and 26000 ng/mL.</p> <p>The ratio of whole blood concentration to serum or plasma concentration is unknown for this analyte.</p>
Levamisole	mcg/mL	<p>Levamisole is used as a veterinary antihelminthic (worming agent) in animals. It is no longer available in North America for human use. However, from July-September 2008 approximately 30% of cocaine seized by the DEA was contaminated with levamisole. There is limited data available on therapeutic concentrations of levamisole and no data on levamisole concentrations encountered from tainted cocaine. The mean peak plasma concentration following a single 2.5 mg/kg dose was 0.48 +/- 0.22 mcg/mL. Following a single 50 mg dose the mean peak plasma concentration was 0.13 mcg/mL.</p> <p>The ratio of whole blood concentration to plasma concentration is unknown for this analyte.</p>



Effective Date:
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Test Updates

Test Changes

Analyte Name	Units	Reference Comment
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
Mescaline	mcg/mL	The normal therapeutic range for NAPA is 10 to 20 mcg/mL plasma. The blood to plasma ratio is not known for this analyte.
N-Acetylprocainamide	mcg/mL	
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Normeperidine	mcg/mL	Expected analgesic range: 0.1-0.6 mcg Meperidine/mL. Normeperidine concentrations: Up to 0.5 mcg/mL.
Phencyclidine	ng/mL	Steady-state concentrations following chronic oral 10 to 30 mg dose: 0.15-0.63 mcg/mL.
Procyclidine	mcg/mL	
Propoxyphene	mcg/mL	Average serum concentrations following a daily regimen of 195 mg Propoxyphene: 0.42 mcg Propoxyphene/mL.
Pyrimethamine	mcg/mL	A single oral dose of 50 mg given to 5 subjects produced a peak plasma concentration of 0.21-0.43 mcg/mL in 2 to 4 hours following the dose.
Quinidine	ng/mL	For the treatment of arrhythmia, effective plasma concentrations typically range between 2000 and 5000 ng/mL. The blood/plasma ratio is not known for quinidine, but concentrations in red blood cells are usually lower than plasma.
Quinine	ng/mL	A single oral 648 mg antispasmodic dose produces average peak plasma concentrations of 2800 ng/mL 2 hr after administration. The blood/plasma ratio is not known for quinine, but concentrations in red blood cells are usually lower than plasma.
Tocainide	mcg/mL	

8092B Postmortem, Expert, Blood (Forensic)



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl and Zolazepam were removed

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Butalbital	mcg/mL	A single oral 100 mg dose resulted in a mean peak blood concentration of 2.1 mcg/mL (range, 1.7-2.6 mcg/mL) at 2 hours, with a decline to 1.5 mcg/mL (range, 1.3-1.7 mcg/mL) by 24 hours. Potentially toxic at plasma concentrations greater than 10 mcg/mL.
Ethinamate	mcg/mL	Usual hypnotic range: 5-10 mcg/mL
Felbamate	mcg/mL	Fifty-six adult patients receiving an average daily oral dose of 2300 mg had steady-state trough plasma concentrations averaging 33 mcg/mL (range, 18-52 mcg/mL). Twenty-six patients ages 10-69 years receiving an average daily dose of 2685 mg had serum concentrations averaging 69 mcg/mL (range, 16-165 mcg/mL). The ratio of whole blood concentration to plasma concentration is 1.0.
Fluconazole	mcg/mL	Single oral doses of 50 or 150 mg fluconazole resulted in peak plasma concentrations of 0.93 +/- 0.13 mcg/mL and 2.7 +/- 0.4 mcg/mL respectively. Peak plasma concentrations were 6.7 mcg/mL (range 4.1-8.1 mcg/mL) approximately 1 to 2 hours after a single 400 mg oral dose of fluconazole. The blood to plasma ratio is not known for this analyte.
Lacosamide	mcg/mL	Peak plasma concentrations are reached 1 to 2 hours after a single oral or intravenous dose with a half-life of 13 hours. Following a single 200 mg dose administered as a 30-minute infusion, a 60-minute infusion, or orally as a tablet to 24 male subjects, mean maximum plasma lacosamide concentrations were 5.95 +/- 1.49, 5.38 +/- 1.10 and 5.15 +/- 1.4 mcg/mL, respectively.

Mean plasma concentrations following maintenance doses:



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Test Updates

Test Changes

Analyte Name	Units	Reference Comment
		<p>200 mg/day: 4.99 +/- 2.51 mcg/mL; 400 mg/day: 9.35 +/- 4.22 mcg/mL; 600 mg/day: 12.46 +/- 5.60 mcg/mL.</p> <p>The ratio of whole blood concentration to plasma concentration is 1.1</p>
Metharbital Metronidazole	mcg/mL mcg/mL	<p>Peak Serum Concentrations (Single Oral Dose): 250 mg: 5.1 mcg/mL 1000 mg: 20 mcg/mL</p> <p>Plasma Steady-State (500 mg, IV, every 8 h): 22 mcg/mL</p> <p>The blood to plasma ratio for metronidazole is unknown.</p>
O-Desmethylvenlafaxine	ng/mL	<p>Steady-state peak plasma levels following a daily regimen of Venlafaxine occur at approximately 2.5 hours for O-Desmethylvenlafaxine: 94-200 ng/mL (75 mg/day), 85-472 ng/mL (150 mg/day), 243-515 ng/mL (225 mg/day), 390-1096 ng/mL (450 mg/day).</p> <p>Steady-state trough plasma levels following a 150 mg per day regimen: 65-300 ng O-Desmethylvenlafaxine/mL.</p>
Pentobarbital	mcg/mL	<p>Peak serum concentrations of 1.2-3.1 mcg/mL were produced 0.5-2.0 hours after a 100 mg oral dose and peak serum concentrations of 3 mcg/mL were produced 6 min. following a 100 mg IV dose. Potentially toxic at blood concentrations greater than 10 mcg/mL.</p>
Phenobarbital	mcg/mL	<p>Recommended serum concentration range during anticonvulsant therapy with primidone: 10-40 mcg/mL. The blood to plasma ratio is approximately 0.8.</p>



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Clonidine	ng/mL	<p>Immediate-release, oral: 0.50-2.0 ng/mL, 2 hours after administration; Sustained-release, patch: 0.20-2.0 ng/mL, at steady-state; Sustained-release, oral: 0.20-0.27 ng/mL, 6.8 +/- 3.6 hours after a 0.1 mg single dose in healthy fed adults; children receive higher doses on a mg/kg basis.</p> <p>The ratio of whole blood concentration to serum or plasma concentration is unknown for this analyte.</p>
Rufinamide	mcg/mL	<p>Maintenance therapy with 45 mg/kg (approximately 1600 mg) daily rufinamide resulted in plasma concentrations ranging from 5.0-48 mcg/mL (n = 74).</p> <p>Trough plasma concentrations in groups of 129-133 patients maintained on twice-daily 400 or 800 mg doses for 3 months averaged 2.6 or 4.7 mcg/mL, respectively.</p> <p>The blood to plasma ratio of rufinamide is approximately 1.0</p>
Secobarbital	mcg/mL	<p>A 3.3 mg/kg oral dose (approx. 230 mg/70 kg) produced a mean peak blood concentration of 2.0 mcg/mL (range, 1.8-2.2 mcg/mL) at 3 hours, diminishing to 1.3 mcg/mL by 20 hours and 0.8 mcg/mL by 40 hours. Potentially toxic at blood concentrations greater than 8 mcg/mL.</p>
Xylazine EDDP Hydroxychloroquine	ng/mL ng/mL ng/mL	<p>Peak plasma concentrations of 410 +/- 130 ng/mL were achieved 2.4 hours after a single oral dose of 400 mg hydroxychloroquine (n = 6). Two cases of hydroxychloroquine overdose (20 g each) were successfully treated throughout cardiovascular collapse and had serum concentrations of 14000 and 26000 ng/mL.</p> <p>The ratio of whole blood concentration to serum or plasma concentration is unknown for this analyte.</p>



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Levamisole	mcg/mL	Levamisole is used as a veterinary antihelminthic (worming agent) in animals. It is no longer available in North America for human use. However, from July-September 2008 approximately 30% of cocaine seized by the DEA was contaminated with levamisole. There is limited data available on therapeutic concentrations of levamisole and no data on levamisole concentrations encountered from tainted cocaine. The mean peak plasma concentration following a single 2.5 mg/kg dose was 0.48 +/- 0.22 mcg/mL. Following a single 50 mg dose the mean peak plasma concentration was 0.13 mcg/mL. The ratio of whole blood concentration to plasma concentration is unknown for this analyte.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.
Mescaline N-Acetylprocainamide	mcg/mL mcg/mL	The normal therapeutic range for NAPA is 10 to 20 mcg/mL plasma. The blood to plasma ratio is not known for this analyte.
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Normeperidine	mcg/mL	Expected analgesic range: 0.1-0.6 mcg Meperidine/mL. Normeperidine concentrations: Up to 0.5 mcg/mL.
Phencyclidine Procyclidine	ng/mL mcg/mL	Steady-state concentrations following chronic oral 10 to 30 mg dose: 0.15-0.63 mcg/mL.
Propoxyphene	mcg/mL	Average serum concentrations following a daily regimen of 195 mg Propoxyphene: 0.42 mcg Propoxyphene/mL.
Pyrimethamine	mcg/mL	A single oral dose of 50 mg given to 5 subjects produced a peak plasma concentration of 0.21-0.43 mcg/mL in 2 to 4 hours following the dose.



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Quinidine	ng/mL	For the treatment of arrhythmia, effective plasma concentrations typically range between 2000 and 5000 ng/mL. The blood/plasma ratio is not known for quinidine, but concentrations in red blood cells are usually lower than plasma.
Quinine	ng/mL	A single oral 648 mg antispasmodic dose produces average peak plasma concentrations of 2800 ng/mL 2 hr after administration. The blood/plasma ratio is not known for quinine, but concentrations in red blood cells are usually lower than plasma.
Tocainide	mcg/mL	

8092FL Postmortem, Expert, Fluid (Forensic)

Summary of Changes: Scope of Analysis was changed.
Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, TFMPP, Tiletamine, Trihexyphenidyl and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Butalbital	mcg/mL	
Ethinamate	mcg/mL	
Felbamate	mcg/mL	
Fluconazole	mcg/mL	
Lacosamide	mcg/mL	Lacosamide is a functionalized amino acid specifically synthesized as an anticonvulsant drug. In addition to being approved for use as an adjunctive therapy of partial-onset seizures it has been investigated as a treatment for diabetic neuropathic pain. Lacosamide can be administered either orally or intravenously. The recommended initial dose is 50 mg/twice a day, up to a maintenance dose of 200 to 400 mg/day. Patients exposed to suprathreshold doses during clinical trials had adverse events that were not clinically different than those reported in patients receiving recommended doses of lacosamide.
Metharbital	mcg/mL	
Pentobarbital	mcg/mL	
Chlorpromazine	mcg/mL	
Phenobarbital	mcg/mL	



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Clonidine	ng/mL	<p>Clonidine is a potent antihypertensive agent that has both alpha-adrenergic agonist and antagonist activities. It is normally supplied in tablets containing 0.1, 0.2, or 0.3 mg each. The recommended daily oral dose ranges from a minimum of 0.2 mg to a maximum of 2.4 mg per day, although the dose at the high end of the range is rarely employed.</p> <p>While overdoses from clonidine are common, deaths are rare. Clinical sequelae of clonidine toxicity may include hypertension or hypotension, bradycardia, lethargy, weakness, somnolence, and hypoventilation. Severe overdoses may result in cardiac conduction defects, arrhythmias, apnea, convulsions, coma and death.</p>
Procyclidine	mcg/mL	
Rufinamide	mcg/mL	
Secobarbital	mcg/mL	
Xylazine	ng/mL	
EDDP	ng/mL	
Hydroxychloroquine	ng/mL	
mCPP	mcg/mL	
Mescaline	mcg/mL	
Normeperidine	mcg/mL	
Phencyclidine	ng/mL	
Propoxyphene	mcg/mL	
Pyrimethamine	mcg/mL	
Quinidine	ng/mL	
Quinine	ng/mL	
Tocainide	mcg/mL	

8092SP Postmortem, Expert, Serum/Plasma (Forensic)

Summary of Changes: Specimen Requirements (Light Protection) were changed.
 Scope of Analysis was changed.
 N-ethyl Pentylone was added.
 Units were changed.
 BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl and Zolazepam were removed.



Effective Date:
Monday, August 15, 2022

Test Updates

Test Changes

Specimen Requirements: 10 mL Serum or Plasma
 Transport Temperature: Refrigerated
 Specimen Container: Gray top tube (Sodium Fluoride / Potassium Oxalate), Lavender top tube (EDTA), Plastic container (preservative-free)
 Light Protection: Not Required
 Special Handling: Serum: Collect sample in Red top tube
 Plasma: Collect sample in Gray top tube (Sodium Fluoride / Potassium Oxalate). Collect sample using alcohol free skin preparation. Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines.
 Rejection Criteria: Polymer gel separation tube (SST or PST).
 Scope of Analysis:
 Method (CPT Code)

Analyte Name	Units	Reference Comment
Butalbital	mcg/mL	A single oral 100 mg dose resulted in a mean peak blood concentration of 2.1 mcg/mL (range, 1.7-2.6 mcg/mL) at 2 hours, with a decline to 1.5 mcg/mL (range, 1.3-1.7 mcg/mL) by 24 hours. Potentially toxic at plasma concentrations greater than 10 mcg/mL.
Ethinamate	mcg/mL	Usual hypnotic range: 5-10 mcg/mL
Felbamate	mcg/mL	Fifty-six adult patients receiving an average daily oral dose of 2300 mg had steady-state trough plasma concentrations averaging 33 mcg/mL (range, 18-52 mcg/mL). Twenty-six patients ages 10-69 years receiving an average daily dose of 2685 mg had serum concentrations averaging 69 mcg/mL (range, 16-165 mcg/mL).
Fluconazole	mcg/mL	Single oral doses of 50 or 150 mg fluconazole resulted in peak plasma concentrations of 0.93 +/- 0.13 mcg/mL and 2.7 +/- 0.4 mcg/mL respectively. Peak plasma concentrations were 6.7 mcg/mL (range 4.1-8.1 mcg/mL) approximately 1 to 2 hours after a single 400 mg oral dose of fluconazole.
Lacosamide	mcg/mL	Peak plasma concentrations are reached 1 to 2 hours after a single oral or intravenous dose with a half-life of 13 hours. Following a single 200 mg dose administered as a 30-minute infusion, a 60-minute infusion, or orally as a tablet to 24 male subjects, mean maximum plasma lacosamide concentrations were 5.95 +/- 1.49, 5.38 +/- 1.10 and 5.15 +/- 1.4 mcg/mL, respectively. Mean plasma concentrations following maintenance doses: 200 mg/day: 4.99 +/- 2.51 mcg/mL;



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Analyte Name	Units	Reference Comment
		400 mg/day: 9.35 +/- 4.22 mcg/mL; 600 mg/day: 12.46 +/- 5.60 mcg/mL.
		NMS Labs derived data: 5th - 95th Percentile Data: 1.8-13.0 mcg/mL Mean: 5.3 mcg/mL (N = 14900)
Metharbital Metronidazole	mcg/mL mcg/mL	Peak Serum Concentrations (Single Oral Dose): 250 mg: 5.1 mcg/mL 1000 mg: 20 mcg/mL Plasma Steady-State (500 mg, IV, every 8 h): 22 mcg/mL
O-Desmethylvenlafaxine	ng/mL	Steady-state peak plasma levels following a daily regimen of Venlafaxine occur at approximately 2.5 hours for O-Desmethylvenlafaxine: 94-200 ng/mL (75 mg/day), 85-472 ng/mL (150 mg/day), 243-515 ng/mL (225 mg/day), 390-1096 ng/mL (450 mg/day). Steady-state trough plasma levels following a 150 mg per day regimen: 65-300 ng O-Desmethylvenlafaxine/mL.
Pentobarbital	mcg/mL	Peak serum concentrations of 1.2-3.1 mcg/mL were produced 0.5-2.0 hours after a 100 mg oral dose and peak serum concentrations of 3 mcg/mL were produced 6 min. following a 100 mg IV dose. Potentially toxic at blood concentrations greater than 10 mcg/mL.
Phenobarbital	mcg/mL	Recommended serum concentration range during anticonvulsant therapy with primidone: 10-40 mcg/mL.
Clonidine	ng/mL	Immediate-release, oral: 0.50-2.0 ng/mL, 2 hours after administration; Sustained-release, patch: 0.20-2.0 ng/mL, at steady-state; Sustained-release, oral: 0.20-0.27 ng/mL, 6.8 +/- 3.6 hours after a 0.1 mg single dose in healthy fed adults; children receive higher doses on a mg/kg basis.



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Analyte Name	Units	Reference Comment
Rufinamide	mcg/mL	Maintenance therapy with 45 mg/kg (approximately 1600 mg) daily rufinamide resulted in plasma concentrations ranging from 5.0-48 mcg/mL (n = 74). Trough plasma concentrations in groups of 129-133 patients maintained on twice-daily 400 or 800 mg doses for 3 months averaged 2.6 or 4.7 mcg/mL, respectively.
Secobarbital	mcg/mL	A 3.3 mg/kg oral dose (approx. 230 mg/70 kg) produced a mean peak blood concentration of 2.0 mcg/mL (range, 1.8-2.2 mcg/mL) at 3 hours, diminishing to 1.3 mcg/mL by 20 hours and 0.8 mcg/mL by 40 hours. Potentially toxic at blood concentrations greater than 8 mcg/mL.
Xylazine EDDP Hydroxychloroquine	ng/mL ng/mL ng/mL	Peak plasma concentrations of 410 +/- 130 ng/mL were achieved 2.4 hours after a single oral dose of 400 mg hydroxychloroquine (n = 6). Two cases of hydroxychloroquine overdose (20 g each) were successfully treated throughout cardiovascular collapse and had serum concentrations of 14000 and 26000 ng/mL.
Levamisole	mcg/mL	Levamisole is used as a veterinary antihelminthic (worming agent) in animals. It is no longer available in North America for human use. However, from July-September 2008 approximately 30% of cocaine seized by the DEA was contaminated with levamisole. There is limited data available on therapeutic concentrations of levamisole and no data on levamisole concentrations encountered from tainted cocaine. The mean peak plasma concentration following a single 2.5 mg/kg dose was 0.48 +/- 0.22 mcg/mL. Following a single 50 mg dose the mean peak plasma concentration was 0.13 mcg/mL.
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days.
Mescaline N-Acetylprocainamide	mcg/mL mcg/mL	The normal therapeutic range for NAPA is 10 to 20 mcg/mL plasma.



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Test Changes

Analyte Name	Units	Reference Comment
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Normeperidine	mcg/mL	Expected analgesic range: 0.1-0.6 mcg Meperidine/mL. Normeperidine concentrations: Up to 0.5 mcg/mL.
Phencyclidine Procyclidine	ng/mL mcg/mL	Steady-state concentrations following chronic oral 10 to 30 mg dose: 0.15-0.63 mcg/mL.
Propoxyphene	mcg/mL	Average serum concentrations following a daily regimen of 195 mg Propoxyphene: 0.42 mcg Propoxyphene/mL.
Pyrimethamine	mcg/mL	A single oral dose of 50 mg given to 5 subjects produced a peak plasma concentration of 0.21-0.43 mcg/mL in 2 to 4 hours following the dose.
Quinidine	ng/mL	For the treatment of arrhythmia, effective plasma concentrations typically range between 2000 and 5000 ng/mL.
Quinine	ng/mL	A single oral 648 mg antispasmodic dose produces average peak plasma concentrations of 2800 ng/mL 2 hr after administration.
Tocainide	mcg/mL	Reported antiarrhythmic concentration: 4-10 mcg/mL. Tocainide is an antiarrhythmic drug that is no longer available in the United States.

8092TI Postmortem, Expert, Tissue (Forensic)

Summary of Changes: Scope of Analysis was changed.
Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, TFMPP, Tiletamine, Trihexyphenidyl and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Butalbital	mcg/g	
Ethinamate	mcg/g	
Felbamate	mcg/g	
Fluconazole	mcg/g	



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Analyte Name	Units	Reference Comment
Lacosamide	mcg/g	Lacosamide is a functionalized amino acid specifically synthesized as an anticonvulsant drug. In addition to being approved for use as an adjunctive therapy of partial-onset seizures it has been investigated as a treatment for diabetic neuropathic pain. Lacosamide can be administered either orally or intravenously. The recommended initial dose is 50 mg/twice a day, up to a maintenance dose of 200 to 400 mg/day. Patients exposed to supratherapeutic doses during clinical trials had adverse events that were not clinically different than those reported in patients receiving recommended doses of lacosamide.
Metharbital	mcg/g	
Pentobarbital	mcg/g	
Phenobarbital	mcg/g	
Clonidine	ng/g	Clonidine is a potent antihypertensive agent that has both alpha-adrenergic agonist and antagonist activities. It is normally supplied in tablets containing 0.1, 0.2, or 0.3 mg each. The recommended daily oral dose ranges from a minimum of 0.2 mg to a maximum of 2.4 mg per day, although the dose at the high end of the range is rarely employed. While overdoses from clonidine are common, deaths are rare. Clinical sequelae of clonidine toxicity may include hypertension or hypotension, bradycardia, lethargy, weakness, somnolence, and hypoventilation. Severe overdoses may result in cardiac conduction defects, arrhythmias, apnea, convulsions, coma and death.
Procyclidine	mcg/g	
Rufinamide	mcg/g	
Secobarbital	mcg/g	Secobarbital undergoes extensive biotransformation. However, approximately 5% of secobarbital is excreted unchanged in the urine within 2 days.
Xylazine	ng/g	
EDDP	ng/g	
Hydroxychloroquine	ng/g	
mCPP	mcg/g	
Mescaline	mcg/g	
Normeperidine	mcg/g	
Phencyclidine	ng/g	
Propoxyphene	mcg/g	
Pyrimethamine	mcg/g	
Quinidine	ng/g	
Quinine	ng/g	



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
Tocainide	mcg/g	
Trimipramine	ng/g	

8092U Postmortem, Expert, Urine (Forensic)

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
Units were changed.
BZP, Etomidate, Laudanosine, Metoclopramide, Mexiletine, N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
Butalbital	mcg/mL	The disposition of butalbital has not been well studied in humans.
Fluconazole	mcg/mL	Lacosamide is a functionalized amino acid specifically synthesized as an anticonvulsant drug. In addition to being approved for use as an adjunctive therapy treatment of partial-onset seizures it has been investigated as a treatment for diabetic neuropathic pain. Lacosamide can be administered either orally or intravenously. The recommended initial dose is 50 mg/twice a day, up to a maintenance dose of 200 to 400 mg/day. Single labeled oral or intravenous lacosamide doses in healthy subjects were eliminated in urine (95%) and feces (< 0.5%) over a 7 day interval. Urinary excretion products included parent drug (40% of the dose) and the pharmacologically inactive O-desmethyllacosamide.
Lacosamide	mcg/mL	
Metharbital	mcg/mL	N-acetylprocainamide is an antiarrhythmic drug and an active metabolite of procainamide. The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.
N-Acetylprocainamide	mcg/mL	
Chlorpromazine	mcg/mL	Less than 1% of a dose is eliminated in the urine as unchanged drug.
Pentobarbital	mcg/mL	



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Analyte Name	Units	Reference Comment
Phenobarbital	mcg/mL	For patients on chronic therapy, a mean of 20% (range, 12 - 55%) of the dose is excreted unchanged in the 24 hour urine.
Clonidine Procainamide Procyclidine	ng/mL mcg/mL mcg/mL	Procyclidine is an anticholinergic drug that was previously used in the treatment of Parkinson's disease.
Secobarbital	mcg/mL	Secobarbital undergoes extensive biotransformation. However, approximately 5% of secobarbital is excreted unchanged in the urine within 2 days.
Xylazine EDDP	ng/mL ng/mL	In maintenance subjects: Up to 50000 ng of Methadone plus Methadone Metabolites/mL Urine.
Hydroxychloroquine Levamisole	ng/mL mcg/mL	Levamisole is used as a veterinary antihelminthic (worming agent) in animals. It is no longer available in North America for human use. However, from July-September 2008 approximately 30% of cocaine seized by the DEA was contaminated with levamisole.
mCPP Mescaline N-ethyl Pentylone	mcg/mL mcg/mL ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.
Normeperidine Phencyclidine Propoxyphene Pyrimethamine Quinidine Quinine	mcg/mL ng/mL mcg/mL mcg/mL ng/mL ng/mL	Quinine is derived from the bark of the cinchona tree. It has been used in the past as an antimalarial, but is more commonly used today to treat muscle cramps. It is also used as a flavoring agent in tonic water and as a cutting agent in illicit heroin. Adverse effects include gastrointestinal disturbances, tinnitus, dizziness, arrhythmias and hypotension.
Tocainide	mcg/mL	Tocainide is an antiarrhythmic drug that is no longer available in the United States.

4177B Postmortem, SUIDS Screen, Blood (Forensic)



Effective Date:
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Test Updates

Test Changes

Summary of Changes: Units were changed.
Acryl Fentanyl, BZP, Diclazepam, Etomidate, Glimepiride, Glipizide, Glyburide, Itraconazole, Ketoconazole, Laudanosine, Metoclopramide, Mexiletine, Monoethylglycinexylidide (MEGX), N-Ethyl Pentylone, TFMPP, Tiletamine, Trihexyphenidyl, Valeryl Fentanyl, Voriconazole and Zolazepam were removed.

Scope of Analysis:
Method (CPT Code)

Analyte Name	Units	Reference Comment
mCPP	mcg/mL	Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days. The blood to plasma ratio is unknown.

52494B Substituted Cathinone Confirmation, Blood

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
N-Ethyl Pentylone was removed.

Scope of Analysis: GC/MS (80371): Butylone, N-ethyl Pentylone, Dibutylone
Method (CPT Code)

Analyte Name	Units	Reference Comment
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.

52494SP Substituted Cathinone Confirmation, Serum/Plasma

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
N-Ethyl Pentylone was removed.

Scope of Analysis: GC/MS (80371): Butylone, N-ethyl Pentylone, Dibutylone
Method (CPT Code)

Analyte Name	Units	Reference Comment
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.

52494U Substituted Cathinone Confirmation, Urine

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
N-Ethyl Pentylone was removed.

Scope of Analysis: GC/MS (80371): Butylone, N-ethyl Pentylone, Dibutylone
Method (CPT Code)



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.

52328B Substituted Cathinone Panel Confirmation, Blood

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
N-Ethyl Pentylone was removed.

Scope of Analysis: GC/MS (80371): Ethylone, Butylone, Pentylone, N-ethyl Pentylone, Dibutylone
Method (CPT Code)

Analyte Name	Units	Reference Comment
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.

52328SP Substituted Cathinone Panel Confirmation, Serum/Plasma

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
N-Ethyl Pentylone was removed.

Scope of Analysis: GC/MS (80371): Ethylone, Butylone, Pentylone, N-ethyl Pentylone, Dibutylone
Method (CPT Code)

Analyte Name	Units	Reference Comment
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.

52328U Substituted Cathinone Panel Confirmation, Urine

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
N-Ethyl Pentylone was removed.

Scope of Analysis: GC/MS (80371): Ethylone, Butylone, Pentylone, N-ethyl Pentylone, Dibutylone
Method (CPT Code)

Analyte Name	Units	Reference Comment
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.

1021B Substituted Cathinone Panel, Blood

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
N-Ethyl Pentylone was removed.

Scope of Analysis: GC/MS (80371): Pentylone, Ethylone, Butylone, Dibutylone, N-ethyl Pentylone
Method (CPT Code)



Test Updates

Test Changes

Analyte Name	Units	Reference Comment
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.

1021SP Substituted Cathinone Panel, Serum/Plasma

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
N-Ethyl Pentylone was removed.

Scope of Analysis: GC/MS (80371): Pentylone, Ethylone, Butylone, Dibutylone, N-ethyl Pentylone
Method (CPT Code)

Analyte Name	Units	Reference Comment
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.

1021U Substituted Cathinone Panel, Urine

Summary of Changes: Scope of Analysis was changed.
N-ethyl Pentylone was added.
N-Ethyl Pentylone was removed.

Scope of Analysis: GC/MS (80371): Pentylone, Ethylone, Butylone, Dibutylone, N-ethyl Pentylone
Method (CPT Code)

Analyte Name	Units	Reference Comment
N-ethyl Pentylone	ng/mL	N-ethyl Pentylone is a novel psychoactive stimulant.

5970B Synthetic Cannabinoids Confirmation (Qualitative), Blood

Summary of Changes: Scope of Analysis was changed.
5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA was added.
5-fluoro-MDMB-PICA was removed.

Scope of Analysis: LC-MS/MS (80352): ADBP-FUBINACA, 5-fluoro-PICA 3,3-dimethylbutanoic acid, 5-fluoro-PINACA 3-methylbutanoic acid, 4-fluoro-BINACA 3,3-dimethylbutanoic acid, FUBINACA 3-methylbutanoic acid, 5-fluoro-PINACA 3,3-dimethylbutanoic acid, FUBINACA 3,3-dimethylbutanoic acid, APP-BINACA, 5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA, MMB-FUBINACA, 5-fluoro-MDMB-PINACA / 5-fluoro-EMB-PINACA, MDMB-4en-PINACA, ADBP-CHMINACA, 4-fluoro-MDMB-BINACA

Analyte Name	Units	Reference Comment
5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA	ng/mL	

9566B Synthetic Cannabinoids Screen (Add-On), Blood

Summary of Changes: Scope of Analysis was changed.
5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA was added.
5-fluoro-MDMB-PICA was removed.



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Test Changes

Scope of Analysis: LC-MS/MS (80307): ADBM-FUBINACA, 5-fluoro-PICA 3,3-dimethylbutanoic acid, 5-fluoro-PINACA 3-methylbutanoic acid, 4-fluoro-BINACA 3,3-dimethylbutanoic acid, FUBINACA 3-methylbutanoic acid, 5-fluoro-PINACA 3,3-dimethylbutanoic acid, FUBINACA 3,3-dimethylbutanoic acid, APP-BINACA, 5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA, MMB-FUBINACA, 5-fluoro-MDMB-PINACA / 5-fluoro-EMB-PINACA, MDMB-4en-PINACA, ADBM-CHMINACA, 4-fluoro-MDMB-BINACA

Analyte Name	Units	Reference Comment
5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA	ng/mL	

9560B Synthetic Cannabinoids Screen, Blood

Summary of Changes: Scope of Analysis was changed.
5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA was added.
5-fluoro-MDMB-PICA was removed.

Scope of Analysis: LC-MS/MS (80307): ADBM-FUBINACA, 5-fluoro-PICA 3,3-dimethylbutanoic acid, 5-fluoro-PINACA 3-methylbutanoic acid, 4-fluoro-BINACA 3,3-dimethylbutanoic acid, FUBINACA 3-methylbutanoic acid, 5-fluoro-PINACA 3,3-dimethylbutanoic acid, FUBINACA 3,3-dimethylbutanoic acid, APP-BINACA, 5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA, MMB-FUBINACA, 5-fluoro-MDMB-PINACA / 5-fluoro-EMB-PINACA, MDMB-4en-PINACA, ADBM-CHMINACA, 4-fluoro-MDMB-BINACA

Analyte Name	Units	Reference Comment
5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA	ng/mL	



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Discontinued Tests

Test	Test Name	Alternative Test
52366B	Bath Salts Confirmation, Blood	No Alternate Tests Available
52366SP	Bath Salts Confirmation, Serum/Plasma	No Alternate Tests Available
52366U	Bath Salts Confirmation, Urine	No Alternate Tests Available
52503U	Designer Benzodiazepines Confirmation 2 (Qualitative), Urine	No Alternate Tests Available
52503B	Designer Benzodiazepines Confirmation 2, Blood	No Alternate Tests Available
52503SP	Designer Benzodiazepines Confirmation 2, Serum/Plasma	No Alternate Tests Available
52320B	Hallucinogens and Stimulants Confirmation 2 (Qualitative), Blood	No Alternate Tests Available
52320SP	Hallucinogens and Stimulants Confirmation 2 (Qualitative), Serum/Plasma	No Alternate Tests Available
52320U	Hallucinogens and Stimulants Confirmation 2 (Qualitative), Urine	No Alternate Tests Available
52081B	Metoclopramide Confirmation, Blood	No Alternate Tests Available
52081FL	Metoclopramide Confirmation, Fluid	No Alternate Tests Available
52081SP	Metoclopramide Confirmation, Serum/Plasma	No Alternate Tests Available
52081TI	Metoclopramide Confirmation, Tissue	No Alternate Tests Available
52081U	Metoclopramide Confirmation, Urine	No Alternate Tests Available
54342U	Mitragynine, Phenazepam Confirmation (Qualitative) (DUID/DRE), Urine	No Alternate Tests Available
52326B	Piperazine Designer Drugs Confirmation, Blood	No Alternate Tests Available
52326SP	Piperazine Designer Drugs Confirmation, Serum/Plasma	No Alternate Tests Available
52326U	Piperazine Designer Drugs Confirmation, Urine	No Alternate Tests Available
52327B	Pyrrolidinophenone Confirmation, Blood	No Alternate Tests Available
52327SP	Pyrrolidinophenone Confirmation, Serum/Plasma	No Alternate Tests Available