



**MAYO CLINIC**  
Mayo Medical Laboratories

1-800-533-1710

**REFERRAL NEW ORDERABLE  
UNIT CODE**

**NOTIFICATION DATE:** June 9, 2009

**EFFECTIVE DATE:** Immediately

**MECONIUM METHADONE SCREEN WITH CONFIRMATION  
#91939**

**EXPLANATION OF CHANGE:** The following new orderable, referred to Medtox Laboratories, Inc., is available immediately.

**PREVIOUS ORDER CODE:** Misc. Medtox 90519

**SPECIMEN REQUIREMENTS:** Collect specimen into the same collection vial until 3 g of meconium have been collected or until the first milk stool appears. Between collections, store specimen in a secure refrigerator. When at least 3 g of meconium has been collected, tightly screw on the cap of the collection vial and send specimen refrigerated.

**LIST FEE:** \$66.00

**CPT CODE:**

80101/Single drug class method

82542/quantitative, single stationary and mobile phase (if appropriate)

**DAY(S) SET UP:**

Monday through Sunday

**ANALYTIC TIME:**

1 – 2 days

**QUESTIONS:** Contact Mayo Medical Laboratories  
Telephone: 800-533-1710



# TEST DEFINITION

6/9/2009

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
91939	6/2/2009		MECONIUM METHADONE SCREEN W/CONFIRM			
			UNIT CODE ALWAYS MESSAGE - [ZMT]			
			TEST PERFORMED BY: MEDTOX LABORATORIES, INC.			
			402 W. COUNTY ROAD D			
			ST. PAUL, MN 55112			
			TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT NO			
		25008	METHADONE SCREEN			
			TEST CODE ALWAYS MESSAGE - [Z25008]			
			Z25008 THE SPECIMEN WAS SCREENED BY IMMUNOASSAY AT THE FOLLOWING			
			THRESHOLD CONCENTRATION:			
			METHADONE: 300 NG/GM			
			POSITIVE RESULTS ARE CONFIRMED BY CHROMATOGRAPHY WITH MASS			
			SPECTROMETRY (GC/MS) TO LIMIT OF DETECTION.			
		25009	METHADONE CONFIRMATION			
			UNITS: NG/GM			
		25010	METHADONE METABOLITE (EDDP) CONFIRM			
			UNITS: NG/GM			
			TEST CODE ALWAYS MESSAGE - [Z25010]			
			Z25010 MECONIUM METHADONE CONFIRMATION INCLUDES:			
			METHADONE, METHADONE METABOLITE (EDDP)			
			ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS			
			SPECTROMETRY (GC/MS).			
MML			MML TEST SETUP INFORMATION			

\*PERFORMING SITE LEGEND

\*\*\* END OF REPORT \*\*\*

MML MESSAGES USED AS NORMALS

CODE TEXT  
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TOTAL OF 0 NORMALS CODES



## LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 91939		PATIENT NUMBER		AGE 28	SEX F	ACCESSION # W1493366
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 06/03/09 10:58 A	RECEIVED 06/03/09 10:58 A	REPORT PRINTED 06/09/09 10:04 A		SPECIMEN INFORMATION DATE OF BIRTH: 6/21/1980		
<b>DATE</b>	<b>TIME</b>	<b>DATE</b>	<b>TIME</b>			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
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**Meconium Methadone Screen w/Confirm****Methadone Screen****Negative****REF**

The specimen was screened by Immunoassay at the following threshold concentration:

Methadone: 300 ng/gm

Positive results are confirmed by Chromatography with Mass Spectrometry (GC/MS) to limit of detection.

Test Performed by: Medtox Laboratories, Inc.

402 W. County Road D  
St. Paul, MN 55112

\* PERFORMING SITE

PATIENT NAME TESTING, 91939	ORDER STATUS Final	COLLECTION DATE AND TIME 06/03/09 10:58 A
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Specimen receipt and report times are in CST/CDT

REPRINT

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## LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 91939		PATIENT NUMBER		AGE 28	SEX F	ACCESSION # W1493398
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 06/03/09 10:59 A	RECEIVED 06/03/09 10:59 A	REPORT PRINTED 06/09/09 10:05 A		SPECIMEN INFORMATION DATE OF BIRTH: 6/21/1980		
<b>DATE</b>	<b>TIME</b>	<b>DATE</b>	<b>TIME</b>			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
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**Meconium Methadone Screen w/Confirm**

**Methadone Screen** **Positive** **REF**

The specimen was screened by Immunoassay at the following threshold concentration:

Methadone: 300 ng/gm

Positive results are confirmed by Chromatography with Mass Spectrometry (GC/MS) to limit of detection.

**Methadone** **300** **ng/gm** **REF**

**Confirmation**

**Methadone Metabolite** **500** **ng/gm** **REF**

**(EDDP) Confirm**

Meconium Methadone Confirmation includes:

Methadone, Methadone Metabolite (EDDP)

Analysis performed by Gas Chromatography/Mass Spectrometry (GC/MS).

Test Performed by: Medtox Laboratories, Inc.

402 W. County Road D

St. Paul, MN 55112

\* PERFORMING SITE

PATIENT NAME TESTING, 91939	ORDER STATUS Final	COLLECTION DATE AND TIME 06/03/09 10:59 A
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Specimen receipt and report times are in CST/CDT

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