

TEST DOWN NOTIFICATION

NOTIFICATION DATE: June 26, 2009

EFFECTIVE DATE: June 26, 2009

CLOMIPRAMINE, SERUM
#80902

EXPLANATION: Due to technical issues with the performance of this assay, test #80902, Clomipramine, Serum will be down until further notice. All specimens will be referred to MedTox Laboratories.

RECOMMENDED ALTERNATIVE TEST: #91944, Clomipramine (Anafranil) and Desmethylclomipramine

SPECIMEN REQUIREMENTS: Draw blood in a plain, red-top tube(s). (Serum gel tube is not acceptable). Spin down and send 2 mL of serum refrigerated.

REFERENCE VALUES:

Clomipramine: 70-200 ng/ml

Desmethylclomipramine: 150-300 ng/ml

Desired clomipramine concentrations for the treatment of chronic pain: 20-85 ng/ml

LIST FEE: \$57.10

CPT CODE: 82542

DAY(S) SET UP: Monday through Sunday

ANALYTIC TIME: 3 Days

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager
Jim Nielsen, Mayo Medical Laboratories' Technologist Support
Telephone: 800-533-1710

TEST DEFINITION

6/26/2009

CODE NAME

91944 CLOMIPRAMINE (ANAFRANIL)

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
91944	6/26/2009		CLOMIPRAMINE (ANAFRANIL)			
			TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT 3 DAYS			
		25017	CLOMIPRAMINE			
			UNITS: NG/ML			
			NO SEX			
			ALL AGES : 70-200		; 70 - 200	
			MALE			
			ALL AGES : 70-200		; 70 - 200	
			FEMALE			
			ALL AGES : 70-200		; 70 - 200	
		25018	DESMETHYLCLOMIPRAMINE			
			UNITS: NG/ML			
			NO SEX			
			ALL AGES : 150-300		; 150 - 300	
			MALE			
			ALL AGES : 150-300		; 150 - 300	
			FEMALE			
			ALL AGES : 150-300		; 150 - 300	
			TEST CODE ALWAYS MESSAGE - [Z25018]			
			Z25018 DESIRED CLOMIPRAMINE CONCENTRATIONS FOR THE TREATMENT			
			OF CHRONIC PAIN: 20 - 85 NG/ML.			
			TEST PERFORMED BY: MEDTOX LABORATORIES, INC.			
			402 WEST COUNTY ROAD D			
			ST. PAUL, MN 55112			



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 91944		PATIENT NUMBER		AGE 49	SEX F	ACCESSION # W1758870
ORDERING PHYSICIAN		CLIENT ORDER #			ACCOUNT # LIAISONS	
COLLECTION 06/26/09 12:27 P	RECEIVED 06/26/09 12:27 P	REPORT PRINTED 06/26/09 03:05 P		SPECIMEN INFORMATION DATE OF BIRTH: 6/21/1960		
DATE	TIME	DATE	TIME			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
Clomipramine (Anafranil)			
Clomipramine	100	ng/ml	70 - 200 REF
Desmethylclomipramin	150	ng/ml	150 - 300 REF

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Desired clomipramine concentrations for the treatment of chronic pain: 20 - 85 ng/ml.

Test Performed by: Medtox Laboratories, Inc.
402 West County Road D
St. Paul, MN 55112

* PERFORMING SITE

PATIENT NAME TESTING, 91944	ORDER STATUS Final	COLLECTION DATE AND TIME 06/26/09 12:27 P
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Specimen receipt and report times are in CST/CDT

REPRINT

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