

BUPIVACAINE, SERUM
#89548

USEFUL FOR: Assessment of possible CNS or CV toxicity associated with use of bupivacaine or levobupivacaine.

NOTE: Referral test #91093, Bupivacaine (Marcaine) to Medtox will become obsolete on June 1, 2009.

METHODOLOGY: Gas Chromatography (GC-MS)

REFERENCE VALUES: No established reference values

SPECIMEN REQUIREMENTS: Draw blood in a plain, red-top tube(s). Spin down and send 1.5 mL of serum refrigerated.

CAUTIONS: This assay is to be used only for serum drawn from a vein. Arterial levels are approximately twice venous levels and no clear relationship between arterial levels and toxicity has been established.

LIST FEE: \$171.70

CPT CODE: 80299

ANALYTIC TIME: Same day/1 Day **DAY(S) SET-UP:** Monday-Friday 2nd shift

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



MAYO CLINIC
 Mayo Medical Laboratories

TEST DEFINITION

5/1/2009

MML NAME/ORDER CODE CROSS-REFERENCE

CODE NAME

89548 BUPIVACAINE, S

MML MML TEST SETUP INFORMATION

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
89548	4/20/2009		BUPIVACAINE, S			MCR
			TRANSPORT TEMP : REFRIG\AMBIENT OK\FROZEN OK			
			89548 BUPIVACAINE, S			
			EXPECT RESULTS OF FORM : SHOULD BE 1-3 DIGITS PLUS 1 DECIMAL PLACE			
			POSSIBLE RESULT VALUES INCLUDE : <0.1,<0.1,<0.1			
			UNITS: MCG/ML			
			NO SEX			
			ALL AGES :			;
			MALE			
			ALL AGES :			;
			FEMALE			
			ALL AGES :			;
			- - - - -			
		29900	CHAIN OF CUSTODY			
			- - - - -			

*PERFORMING SITE LEGEND

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MCR MAYO CLINIC DPT OF LAB MED & PATHOLOGY LAB DIRECTOR: FRANKLIN R. COCKERILL, III, M.D.
    200 FIRST STREET SW
    ROCHESTER, MN 55905
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MML MESSAGES USED AS NORMALS

CODE TEXT

TOTAL OF 0 NORMALS CODES

*** END OF REPORT ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, JESS		PATIENT NUMBER		AGE 23	SEX F	ACCESSION # G9125111
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 04/24/09 09:57 A	RECEIVED 04/24/09 09:57 A	REPORT PRINTED 05/01/09 10:12 A		SPECIMEN INFORMATION DATE OF BIRTH:		
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 *
Bupivacaine, S Bupivacaine, S	5.0	mcg/mL	MCR

* PERFORMING SITE

MCR 200 First Street SW Rochester, MN 55905	Mayo Clinic Dpt of Lab Med & Pathology	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, JESS	ORDER STATUS Final	COLLECTION DATE AND TIME 04/24/09 09:57 A
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Specimen receipt and report times are in CST/CDT

REPRINT

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