

Reporting Title: Methadone Confirmation, U
Performing Location: Rochester

Specimen Requirements:

Container/Tube: Plastic, 60-mL urine bottle

Specimen Volume: 20 mL

Collection Instructions:

1. Collect a random urine specimen.
2. No preservative.

Additional Information:

1. For situations where chain of custody is required, a Chain-of-Custody Kit (Supply T282) is available. For chain-of-custody information, see MTDNX/32383; Methadone Confirmation, Chain of Custody, Urine.
2. Additional drug panels and specific requests are available. Call Mayo Medical Laboratories at 800-533-1710 or 507-266-5700.
3. If urine creatinine is required or adulteration of the sample is suspected, the following test should be requested, ADULT / Adulterants Survey, Urine. For additional information, please refer to ADULT / Adulterants Survey, Urine.

Specimen Type	Temperature	Time
Urine	Refrigerated (preferred)	14 days
	Frozen	14 days
	Ambient	72 hours

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
56028	EDDP-by GC-MS	Alphanumeric	ng/mL	50542-0
83129	Methadone-by GC-MS	Alphanumeric	ng/mL	3774-7
21107	Methadone Interpretation	Alphanumeric		69050-3
21110	Chain of Custody	Numeric		N/A

CPT Code: 1 x 83840

Reference Values:

Negative

Cutoff concentrations:

METHADONE BY GC-MS

<100 ng/mL

2-ETHYLIDENE-1,5-DIMETHYL-3,3-DIPHENYLPYRROLIDINE BY GC-MS

<100 ng/mL