



Effective Date:

Tuesday, March 20, 2029

Test Updates

Modified February 01, 2024:

The following tests were removed from this Test Update Notification: 1300B.

Modified January 31, 2024:

Testing character 123456789!@#%^&*()<>?:",./ Testing Character limitations with special characters1. Testing Characer limitations with special characters2. Testing Characer limitations with special characters3. Testing Characer limitations with special characters4. Testing Characer limitations with special characters1. Testing Characer limitations with special characters2. Testing Characer limitations with special characters3. Testing Characer limitations with special characters4. Testing Characer limitations with special characters1. Testing Characer limitations with special characters2. Testing Characer limitations with special characters3. Testing Characer limitations with special characters4. Testing Characer limitations with special characters1. Testing Characer limitations with special characters2. Testing Characer limitations with special characters3. Testing Characer limitations with special characters4. Testing Characer limitations with special characters1. Testing Characters



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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 Tuesday, March 20, 2029

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	Test Name	Test Name	TAT	Method / CPT Code	Specimen Req.	Stability	Analytes	Units	Reference Comments	Discontinue
0050B	Acetazolamide, Blood						•			
0158SP	Acyclovir, Serum/Plasma							•		
1270U	Clonazepam as Metabolite, Urine						•			
8092B	Postmortem, Prescription Drugs Screen, Blood (Forensic)				•					



Test Updates

Test Changes

0050B Acetazolamide, Blood

Summary of Changes: Interface Map was changed for Acetazolamide.

Analyte Name	Interface Map	Units	Reference Comment
Acetazolamide	ACETAZOLAM	mcg/mL	Usual range in glaucoma patients: 5 to 10 mcg/mL plasma. The blood to plasma ratio of acetazolamide is approximately 5 to 15.

0158SP Acyclovir, Serum/Plasma

Summary of Changes: Units were changed for Acyclovir.

Scope of Analysis: LC-MS/MS (80375): Acyclovir
Method (CPT Code)

Analyte Name	Interface Map	Units	Reference Comment
Acyclovir	ACYCLOVIR	ng/mL	For using Acyclovir: Usual therapeutic range (vs. Genital Herpes) during Chronic oral daily divided dosages of 1200 to 2400 mg: Peak: 0.40-2.0 mcg/mL plasma Trough: 0.14-1.2 mcg/mL plasma. For using Valacyclovir as a metabolite: Mean steady-state (+/- 1 SD) peak plasma levels following a 500 mg twice daily regimen of Valacyclovir: 2.0-4.0 mcg Acyclovir/mL.

1270U Clonazepam as Metabolite, Urine

Summary of Changes: 7-Amino Clonazepam was added.

Scope of Analysis: LC-MS/MS (80346): 7-Amino Clonazepam
Method (CPT Code)

Analyte Name	Interface Map	Units	Reference Comment
7-Amino Clonazepam	AMINOCLO7	ng/mL	

8092B Postmortem, Prescription Drugs Screen, Blood (Forensic)

Summary of Changes: Specimen Requirements (Requested Volume) were changed.
Specimen Requirements (Transport Temperature) were changed.
Specimen Requirements (Sample Requirements) were changed.
Specimen Requirements (Light Protection) were changed.
Specimen Requirements (Special Handling) were changed.
Specimen Requirements (Rejection Criteria) were changed.



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Requested Volume: 10 mL Blood

Transport Temperature: Frozen recommended but not required

Sample Container: Gray top tube (Sodium Fluoride / Potassium Oxalate), Lavender top tube (EDTA)

Light Protection: None

Special Handling: Submit with Chain of Custody.

Rejection Criteria: None