THC (Marijuana) Screen, Urine

Order Name: **UTHCS** Revision Date: 01/12/2013

TEST NAME THC (Marijuana) Scree	en, Urine		METHODOLOGY	LOINC CODE	
SPECIMEN REQUIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Reference Range	Negative	gative			
GENERAL INFORMATION Testing Schedule Monday through Sunday TAT: 2 hours STAT TAT: 1 hour					
Clinical Use	(minimum volume: 1 refrigerated. Note: La	This test is for non-legal purposes; for medical emergency only. All other requests are sent to St. Anthony's Toxicology Laboratory. 7 mL (minimum volume: 1 mL) from a random urine collection in a clean, dry, screw-capped container. No preservative. Send specimen refrigerated. Note: Label specimen with patient's name (first and last) or other unique identifier, patient's hospital identification number or Social Security number, date and time of collection, collector's initials, and test(s) being ordered.			
CPT Code(s)	80101	80101			
Lab Section	NRLS-Core Chemist	NRLS-Core Chemistry			