

Methemoglobin, Venous

Order Name: **METHGBVEN**
Revision Date: 04/23/2014

TEST NAME		METHODOLOGY		LOINC CODE
Methemoglobin, Venous				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	0.6 mL (0.3 mL)			
Instructions	<p>Specimen should arrive in laboratory on ice immediately after draw</p> <p>Draw venous blood in a heparinized syringe, and send 0.6 mL (minimum volume: 0.3 mL) of heparinized venous whole blood.</p> <p>If arriving in a syringe, needle must be removed prior to transportation.</p> <p>Alternative specimen: Dark green-top (non-gel) tube..</p> <p>Label specimen with patient name (first and last) or other unique identifier, patient hospital identification number or Social Security number, date and time of draw, collector initials, and test(s) being ordered.</p>			
Reference Range	See Interpretive Report			

GENERAL INFORMATION	
Testing Schedule	Monday through Sunday
Stat TAT	1 hour
CPT Code(s)	83050
Lab Section	NRLS-Core Chemistry