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**Lab Dept:** Chemistry

**Test Name:** DRUGS OF ABUSE SCREEN, URINE

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***General Information***

**Lab Order Codes:** ABUS

**Synonyms:** Urine drug screen

**CPT Codes:** 80306 - Drug test(s), presumptive, any number of drug classes, qualitative; any number of devices or procedures, (eg, immunoassay) read by instrumented assisted direct optical observation (eg, dipstick, cups, cards, cartridges)

80307 - Drug test(s), presumptive, any number of drug classes, qualitative; any number of devices or procedures, by instrument chemistry and analyzers (eg, utilizing immunoassay [EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC)

CPT's vary: Confirmations may be added at the request of the provider at an additional charge, see confirmation links below.

**Test Includes:** Major metabolites of drugs of abuse (phencyclidine, benzodiazepines, cocaine metabolite, amphetamines, tetrahydrocannabinol, opiates, barbiturates, buprenorphine, tricyclic antidepressants, methadone, oxycodone, methamphetamine, fentanyl) in urine.

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***Logistics***

**Test Indications:** Useful for the qualitative determination of the presence of the major metabolites of drugs of abuse in urine.

**Lab Testing Sections:** Chemistry

**Phone Numbers:** MIN Lab: 612-813-6280

STP Lab: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 1 hour or STAT (30 minutes)

**Special Instructions:** Confirmatory testing, for positive screening results requires a separate order. Use Add To Order to request the specific confirmatory test.

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***Specimen***

<b>Specimen Type:</b>	Urine
<b>Container:</b>	Polypropylene Urine Cup (Children's MN standard urine cup is acceptable)
<b>Draw Volume:</b>	10 mL (Minimum: 1.0 mL) urine
	<b>Note:</b> Collection of the Minimum volume <b>does not</b> permit confirmatory or repeat testing. MEDTOX requires 3 mL of urine for confirmatory testing.
<b>Processed Volume:</b>	Same as Draw Volume
<b>Collection:</b>	Freshly voided, random urine. No preservative. DO NOT use polystyrene containers. Store at 2-8 degrees C for up to 24 hours or while in transport from remote locations.
<b>Special Processing:</b>	Lab Staff: Store up to 24 hours at 2-8 degrees C if testing is delayed. Centrifuge all specimens prior to testing.  Freeze remaining sample for 7 days if there are no orders or if the screen is positive.
<b>Patient Preparation:</b>	None
<b>Sample Rejection:</b>	Unlabeled or mislabeled specimen; adulterated specimen

***Interpretive***

**Reference Range:**

Negative		
This test differentiates between positive and negative specimens at the designated cut-off concentrations. Confirmatory tests listed are available as add-on testing dependent upon remaining sample volume.		
<b>Drug Name:</b>	<b>Cut-off concentration:</b>	<b>Confirmatory Test:</b>
Phencyclidine:	25 ng/mL	<a href="#">PCCON</a>
Benzodiazepines:	150 ng/mL	<a href="#">BECON</a>
Amphetamines:	500 ng/mL	<a href="#">AMCON</a>
Cocaine (Benzoylecgonine):	150 ng/mL	<a href="#">COCON</a>

Tetrahydrocannabinol:	50 ng/mL	<a href="#">THCON</a>
Opiates (Morphine):	100 ng/mL	<a href="#">OPCON</a>
Barbiturates:	200 ng/mL	<a href="#">BACON</a>
Buprenorphine	10 ng/mL	
Tricyclic Antidepressants	300 ng/mL	<a href="#">TRCON</a>
Methadone	200 ng/mL	
Oxycodone	100 ng/mL	
Methamphetamine	500 ng/mL	<a href="#">AMCON</a>
Fentanyl	1.0 ng/mL	

**Critical Values:**

Call any positive results

**Limitations:**

This test is a qualitative screening test. Confirm positive results by another method, such as GC/HPLC if indicated.

**Methodology:**

Single use, one step, rapid lateral flow immunoassay device (all drugs less fentanyl)

Enzymatic/colorimetric (fentanyl only)

**References:**

Jacobs and DeMott (2001) Laboratory Test Handbook, 5<sup>th</sup> edition, Lexi-Comp, Inc., Hudson, OH, p 788

Profile-V MEDTOX Scan Reader System Quick Reference Instructions, MEDTOX Diagnostics, Inc, Burlington, North Carolina, Rev 3/2018.

Immunoanalysis SEFRIA™ Fentanyl Urine Package Insert, Immunoanalysis Corporation, Pomona, CA 31767, May 2023.

**Updates:**

4/27/2006: TCA (Tricyclic Antidepressants) are no longer part of this assay.

3/30/2009: Revised volume to include Pediatric Minimum.

5/11/2010: CPT update, previously reported as 80101.

2/8/2011: CPT update, quantity changed

1/3/2012: Test no longer includes TCA.

1/12/2015: CPT update

5/18/2015: CPT update

1/20/2016: CPT update

2/4/2016: CPT update

7/22/2016: pH criteria added

6/9/2017: CPT update.

9/27/2017: Updated lab processing.

4/3/2018: Updated specimen processing.

1/7/2020: New test method, updated sample volume, specimen preparation, cut off concentrations and references.

10/27/2023: Fixed broken conf. links, clarified conf. tests as add-on.

12/19/2023: Addition of 6 tests, methods, CPT

1/15/2024: Edited confirmation test codes