

Methemoglobin

Order Name: **MET HGB**
Test Number: 2004200
Revision Date: 10/01/2022

TEST NAME	METHODOLOGY	LOINC CODE
Methemoglobin	Hemoximeter	2614-6

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	2 mL (1.0)	Whole Blood	Lithium Heparin (Dark Green Top / No-Gel)	See Instructions
Alternate 1	2 mL (1.0)	Whole Blood	Sodium Heparin (Green Top / No-Gel)	See Instructions
Instructions	Specimen must be on ice. Deliver whole blood to lab immediately. Must be run within 30 minutes of drawing.			
	Note: This test is only performed by Labcorp Oklahoma, Inc. at the following locations:			
	Ascension St John in Tulsa, OK.			
	Jane Phillips Medical Center in Bartlesville, OK.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1-2 days
Clinical Use	Useful for the diagnosis of methemoglobinemia and identifying cyanosis due to other causes.
CPT Code(s)	83050
Lab Section	Chemistry