**Introduction**

The advent of the current new generation of antiepileptic drugs (AEDs) is facilitated by the advent of therapeutic monitoring of the current new generation of AEDs. This is beneficial for the management of patients receiving AEDs. The use of immunoassays for the measurement of AEDs has been validated and is widely accepted as a reliable method for therapeutic monitoring.

**Method Comparison**

**Lower Limit of Quantitation**

The lower limit of quantitation (LLOQ) is defined as the lowest concentration that can be accurately quantitated. The LLOQ was determined for each analyte and is presented in Table 1.

**Analytical Recovery**

Analytical recovery is defined as the percentage of the drug recovered from the matrix after extraction and analysis. The recovery was determined for each analyte and is presented in Table 2.

**Linearity and Assay Range**

Linearity and assay range were determined for each analyte. The linearity was determined by assaying standard solutions at different concentrations and calculating the correlation coefficient (r²). The assay range was determined by assaying standard solutions at different concentrations and calculating the percentage of recovery.

**Conclusions**

In conclusion, ARK's AED Assays are homogeneous enzyme immunoassays intended for the quantitative determination of AEDs in serum or plasma. The assays are validated and accepted by the FDA as a reference method. The assays are sensitive, specific, and accurate for the measurement of AEDs in serum or plasma. The assays are recommended for the therapeutic monitoring of AEDs in clinical practice.

**Specificity**

The specificity of the ARK Assays was determined by analyzing serum or plasma samples obtained from patients receiving AEDs. The specificity was calculated as the percentage of false-positive results obtained for samples containing only the target drug.

**Drug/Analogen Interference**

The interference of the ARK Assays was determined by analyzing serum or plasma samples obtained from patients receiving AEDs. The interference was calculated as the percentage of false-positive results obtained for samples containing only the target drug.

**Endogenous Interference**

The endogenous interference of the ARK Assays was determined by analyzing serum or plasma samples obtained from patients receiving AEDs. The endogenous interference was calculated as the percentage of false-positive results obtained for samples containing only the target drug.