

Date Stamp

Practice Information

Facility Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Provider

TEST REQUISITION

Patient Information

Patient Last Name: _____ First: _____ Gender M F
Date of Birth: ____/____/____ Patient ID _____

Insurance Information

Insurance **ATTACH COPY OF PATIENT DEMOGRAPHICS & INSURANCE INFORMATION** Self - Pay Client Bill
Primary Insurance: _____
Secondary Insurance: _____

Diagnosis Code(s)

ORDER TESTS

A Custom Test Order

You must select an option below - if you have not established a custom test order, the Lab will perform tests as ordered below.

Use Custom Test Order: Perform additional tests, if ordered below; * **Do NOT Use Custom Test Order:** Order from Section B; *
*Authorized health care provider signature required when ordering from Section B.

B Order Tests

Perform Presumptive screen and Confirmation tests for all classes listed below as medically necessary
 Perform tests as indicated for drug classes listed below. See back for drug tests listed within each class in more detail.

Presumptive Screen & Confirmation	Confirmation Test Only	
<input type="checkbox"/>	<input type="checkbox"/>	Opiates/Opioids/Analgesics (1-12)
<input type="checkbox"/>	<input type="checkbox"/>	1 Opiates
<input type="checkbox"/>	<input type="checkbox"/>	2 Oxycodone
<input type="checkbox"/>	<input type="checkbox"/>	3 Buprenorphine
<input type="checkbox"/>	<input type="checkbox"/>	4 Fentanyl
<input type="checkbox"/>	<input type="checkbox"/>	5 Methadone
<input type="checkbox"/>	<input type="checkbox"/>	6 Tapentadol
<input type="checkbox"/>	<input type="checkbox"/>	7 Tramadol
<input type="checkbox"/>	<input type="checkbox"/>	8 Meperidine
<input type="checkbox"/>	<input type="checkbox"/>	9 Gabapentin/Pregabalin
<input type="checkbox"/>	<input type="checkbox"/>	10 Dextromethorphan
<input type="checkbox"/>	<input type="checkbox"/>	11 Naloxone
<input type="checkbox"/>	<input type="checkbox"/>	12 Ketamine

Presumptive Screen & Confirmation	Confirmation Test Only	
<input type="checkbox"/>	<input type="checkbox"/>	13 Benzodiazepines/Sedatives
<input type="checkbox"/>	<input type="checkbox"/>	14 Antidepressants
<input type="checkbox"/>	<input type="checkbox"/>	15 Antipsychotics
<input type="checkbox"/>	<input type="checkbox"/>	16 Barbiturates
<input type="checkbox"/>	<input type="checkbox"/>	17 Skeletal Muscle Relaxants
<input type="checkbox"/>	<input type="checkbox"/>	18 Amphetamines
<input type="checkbox"/>	<input type="checkbox"/>	19 Ethanol Metabolite Confirmation
<input type="checkbox"/>	<input type="checkbox"/>	20 Nicotine Metabolite Confirmation

Presumptive Screen & Confirmation	Confirmation Test Only	
<input type="checkbox"/>	<input type="checkbox"/>	Illicits (21-24)
<input type="checkbox"/>	<input type="checkbox"/>	21 Illicits
<input type="checkbox"/>	<input type="checkbox"/>	22 Designer Amphetamines
<input type="checkbox"/>	<input type="checkbox"/>	23 Designer Cathinones
<input type="checkbox"/>	<input type="checkbox"/>	24 Natural Cannabinoids

Special Instructions

Authorized Health Care Provider Signature Required

C Order Specimen Validity

*Validity testing will be performed on all specimens (pH, specific gravity, & creatinine.)

SPECIMEN INFORMATION

Temperature read within 4 minutes and is in range of 90–100°F
 YES NO If NO: Actual Temp _____

DATE COLLECTED

TIME COLLECTED

D Point of Care Results

	POS	NEG		POS	NEG		POS	NEG		POS	NEG
AMP	<input type="checkbox"/>	<input type="checkbox"/>	MTD	<input type="checkbox"/>	<input type="checkbox"/>	PCP	<input type="checkbox"/>	<input type="checkbox"/>	COC	<input type="checkbox"/>	<input type="checkbox"/>
BAR	<input type="checkbox"/>	<input type="checkbox"/>	THC	<input type="checkbox"/>	<input type="checkbox"/>	TCA	<input type="checkbox"/>	<input type="checkbox"/>	BZO	<input type="checkbox"/>	<input type="checkbox"/>
OPI	<input type="checkbox"/>	<input type="checkbox"/>	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	BUP	<input type="checkbox"/>	<input type="checkbox"/>			
MET	<input type="checkbox"/>	<input type="checkbox"/>	OXY	<input type="checkbox"/>	<input type="checkbox"/>	MOP	<input type="checkbox"/>	<input type="checkbox"/>			

E Patient's Prescribed Medications

Medication list attached. Indicating a medication in this section DOES NOT constitute a test request

- | | | | | | | |
|--|---|--|--|--|--|--------------------------------------|
| <input type="checkbox"/> Alprazolam | <input type="checkbox"/> Cannabinoids | <input type="checkbox"/> Dextromethorphan | <input type="checkbox"/> Gabapentin | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Phenobarbital | <input type="checkbox"/> Tramadol |
| <input type="checkbox"/> Amitriptyline | <input type="checkbox"/> Carisoprodol | <input type="checkbox"/> Diazepam | <input type="checkbox"/> Haloperidol | <input type="checkbox"/> Midazolam | <input type="checkbox"/> Phentermine | <input type="checkbox"/> Trazodone |
| <input type="checkbox"/> Amo/Pentobarbital | <input type="checkbox"/> Chlordiazepoxide | <input type="checkbox"/> Doxepin | <input type="checkbox"/> Hydrocodone | <input type="checkbox"/> Morphine | <input type="checkbox"/> Prazepam | <input type="checkbox"/> Triazolam |
| <input type="checkbox"/> Amphetamine | <input type="checkbox"/> Citalopram | <input type="checkbox"/> Duloxetine | <input type="checkbox"/> Hydromorphone | <input type="checkbox"/> Naloxone | <input type="checkbox"/> Pregabalin | <input type="checkbox"/> Venlafaxine |
| <input type="checkbox"/> Aripiprazole | <input type="checkbox"/> Clonazepam | <input type="checkbox"/> Ephedrine/Pseudoephedrine | <input type="checkbox"/> Imipramine | <input type="checkbox"/> Naltrexone | <input type="checkbox"/> Quetiapine | <input type="checkbox"/> Zaleplon |
| <input type="checkbox"/> Baclofen | <input type="checkbox"/> Clomipramine | <input type="checkbox"/> Estazolam | <input type="checkbox"/> Ketamine | <input type="checkbox"/> Nortriptyline | <input type="checkbox"/> Risperidone | <input type="checkbox"/> Ziprasidone |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Clonazepam | <input type="checkbox"/> Fentanyl | <input type="checkbox"/> Lisdexamphetamine | <input type="checkbox"/> Olanzapine | <input type="checkbox"/> Methylphenidate | <input type="checkbox"/> Zolpidem |
| <input type="checkbox"/> Bupropion | <input type="checkbox"/> Clozapine | <input type="checkbox"/> Flunitrazepam | <input type="checkbox"/> Lorazepam | <input type="checkbox"/> Oxazepam | <input type="checkbox"/> Secobarbital | <input type="checkbox"/> Zopiclone |
| <input type="checkbox"/> Butabarbital | <input type="checkbox"/> Codeine | <input type="checkbox"/> Fluoxetine | <input type="checkbox"/> Meperidine | <input type="checkbox"/> Oxycodone | <input type="checkbox"/> Sertraline | |
| <input type="checkbox"/> Butalbital | <input type="checkbox"/> Cyclobenzaprine | <input type="checkbox"/> Flurazepam | <input type="checkbox"/> Meprobamate | <input type="checkbox"/> Oxymorphone | <input type="checkbox"/> Tapentadol | |
| <input type="checkbox"/> Butorphanol | <input type="checkbox"/> Desipramine | <input type="checkbox"/> Fluvoxamine | <input type="checkbox"/> Methadone | <input type="checkbox"/> Paroxetine | <input type="checkbox"/> Temazepam | |

An inconsistent result may be reflected on the report if a complete list of patient's prescribed medication is not provided.

I certify that I have voluntarily provided a fresh and unadulterated urine specimen for analytical testing; The information provided on this form and on the label affixed to the specimen cup is accurate. I authorize Lab to release the results of this testing to the treating authorized health care provider or facility. I hereby authorize my insurance plan to be billed and benefits to be paid directly to Lab for services received. I acknowledge that Lab may be an out-of-network provider with my insurer. I am also aware that in some circumstances my insurer will send the payment directly to me. I agree to endorse the insurance check and forward it to Lab within 30 days of receipt. Failure to do so may result in my account being forwarded to collections and reported to a credit bureau.

Patient Signature: _____ Date: _____

AUTHORIZED HEALTH CARE PROVIDER SIGNATURE: _____

Date: _____

I acknowledge that documentation to support medical necessity for all tests are recorded in the patient's chart. * If not signed, Authorized Health Care Provider affirms that test orders are placed in patient file with provider signature and will be available upon request.

24 Presumptive Drug Screen Classes (# of drugs per class)		Drugs Confirmed per Drug Screen Class
Opiates/Opioids/Analgesics (27)		
1.	Classic Opiates (6)	Hydrocodone, Norhydrocodone, Hydromorphone, Morphine, Codeine, Normorphine
2.	Oxycodone (3)	Oxycodone, Oxymorphone, Noroxymorphone
3.	Buprenorphine (2)	Buprenorphine, Norbuprenorphine
4.	Fentanyl (2)	Fentanyl, Norfentanyl
5.	Methadone (2)	Methadone, EDDP
6.	Tapentadol (1)	Tapentadol
7.	Tramadol (2)	Tramadol, Desmethyl-tramadol
8.	Meperidine (2)	Meperidine, Normeperidine
9.	Gabapentine/Pregabalin (2)	Gabapentin, Pregabalin
10.	Dextromethorphan (2)	Dextromethorphan, Dextrorphan
11.	Naloxone (1)	Naloxone
12.	Ketamine (1)	Ketamine metabolite
13.	Benzodiazepines/Sedatives (13)	Alprazolam metabolite, Triazolam metabolite, Clonazepam metabolite, Lorazepam, Diazepam metabolite, Oxazepam, Temazepam, Flunitrazepam metabolite, Flurazepam metabolite, Zolpidem, Zaleplon, Zopiclone, Zolpidem phenyl-6-carboxylic
14.	Antidepressants (16) Synthetic Stimulants	Amitriptyline, Nortriptyline, Desipramine, Imipramine, Doxepin, Desmethyldoxepin, Trazodone metabolite, Venlafaxine metabolite, Bupropion metabolite, Citalopram metabolite, Duloxetine, Fluvoxamine, Fluoxetine metabolite, Sertraline metabolite, Paroxetine, Clomipramine metabolite
15.	Antipsychotics (2)	Clozapine metabolite, Risperidone metabolite
16.	Barbiturates (6)	Amobarbital, Pentobarbital, Secobarbital, Butalbital, Butabarbital, Phenobarbital
17.	Skeletal Muscle Relaxants (4)	Carisoprodol, Meprobamate, Cyclobenzaprine, Baclofen
18.	Amphetamines (6)	Amphetamine, Methamphetamine, Phentermine, Methylphenidate metabolite, Ephedrine/Pseudoephedrine, Lisdexamphetamine
19.	Ethanol metabolite Confirmation (2)	Ethyl sulfate, Ethyl glucuronide
20.	Nicotine metabolite Confirmation (1)	Cotinine
Illicits (12)		
21.	Classic Illicits (4)	Cocaine metabolite, PCP, Heroin metabolite, Kratom metabolite
22.	Designer Amphetamines (3)	MDA, MDMA, MDEA
23.	Designer Cathinones (4)	Methylone, Mephedrone, MDPV metabolite, PVP metabolite
24.	Natural Cannabinoids (1)	Carboxy-THC