



TESTING REFERRAL

Amended Order

ROMEO

180 Shafer Drive,
Romeo MI 48065
Monday - Friday:
6:30^{AM} - 9:30^{AM}
4:00^{PM} - 7:00^{PM}
Saturday & Sunday:
7:00^{AM} - 10:00^{AM}

Holidays: 7^{AM} - 10^{AM}

CLINTON TOWNSHIP

43550 Elizabeth Road,
Clinton Township, MI 48036
Monday - Friday:
6:00^{AM} - 9:00^{AM}
4:00^{PM} - 8:00^{PM}
Saturday & Sunday:
7:00^{AM} - 10:00^{AM}
4:00^{PM} - 7:00^{PM}

Holidays: 7^{AM} - 10^{AM}

STERLING HEIGHTS

34224 Van Dyke Avenue,
Sterling Heights, MI 48312
Monday - Friday:
6:00^{AM} - 9:00^{AM}
5:00^{PM} - 8:00^{PM}
Saturday & Sunday:
7:00^{AM} - 10:00^{AM}
4:00^{PM} - 7:00^{PM}

Holidays: 7^{AM} - 10^{AM} • 4^{PM} - 7^{PM}

MADISON HEIGHTS

26747 John R Road,
Madison Heights, MI 48071
Monday - Friday:
6:00^{AM} - 9:00^{AM}
5:00^{PM} - 8:00^{PM}
Saturday & Sunday:
7:00^{AM} - 10:00^{AM}
4:00^{PM} - 7:00^{PM}

Holidays: 7^{AM} - 10^{AM}

TROY

1961 W South Blvd.,
Troy, MI 48098
Monday - Friday:
6:00^{AM} - 9:00^{AM}
5:00^{PM} - 8:00^{PM}
Saturday & Sunday:
7:00^{AM} - 10:00^{AM}
4:00^{PM} - 7:00^{PM}

Holidays: 7^{AM} - 10^{AM}

Christmas Eve & Christmas Day is A.M. Testing Hours only at all sites

NAME: _____ CASE #: _____

(Last, First)

ADDRESS: _____ CITY: _____ ZIP: _____

D.O.B: _____ PHONE #: _____ GENDER: **MALE** **FEMALE**

REFERRING AGENCY: _____

SENT RESULTS TO: _____
Name Fax / Email

REPORT TO TESTING SITE BY: _____ DURATION OF TESTING: _____

TESTING SPECIFICS:

ALCOHOL:

PBT Frequency: _____ x mth _____ x wk ETG Frequency: _____ x mth _____ x wk
Autoconfirm: **Yes** **No**

Autoconfirm: Any panel that initially screens presumptive positive will automatically go through the confirmation process at no additional fee and without the donor ordering it. Auto confirm panels are only available on in-lab screens.

DRUGS: In lab: Samples are collected at TAP and sent immediately to the laboratory for screening on an instrument. Results are sent back to TAP with results that include a quantified creatinine level.

URINE

5 Panel <input type="checkbox"/>	Frequency: _____ x mth _____ x wk (COC, OPI, AMP, Mamp, BZO)	Autoconfirm: Yes No Add ETG <input type="checkbox"/> Add Fentanyl <input type="checkbox"/>
6 Panel <input type="checkbox"/>	Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO)	Autoconfirm: Yes No Add ETG <input type="checkbox"/> Add Fentanyl <input type="checkbox"/>
10 Panel <input type="checkbox"/>	Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO, BUP, MTD, OXY, PCP)	Autoconfirm: Yes No Add ETG <input type="checkbox"/> Add Fentanyl <input type="checkbox"/>
12 Panel <input type="checkbox"/>	Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO, BUP, MTD, OXY, PCP, MDMA, Fent)	Autoconfirm: Yes No Add ETG <input type="checkbox"/>
13 Panel <input type="checkbox"/>	Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO, BUP, MTD, OXY, PCP, MDMA, Neurontin, Kratom)	Autoconfirm: Yes No Add ETG <input type="checkbox"/> Add Fentanyl <input type="checkbox"/>
16 Panel <input type="checkbox"/>	Frequency: _____ x mth _____ x wk (THC, COC, AMP/MAMP, OPI, Soma, Tramadol, BUP, OXY, MTD, BZO, MDMA, BAR, Fent, Neurontin, Kratom)	Autoconfirm: Yes No Add ETG <input type="checkbox"/>

A variety of other panels available upon request. Please contact tapsupport@classatraincenter.com for more information.

Instant: Samples are collected at TAP and screened on site using an onsite screening device. Although an instant adulteration panel is run, a quantitative creatinine level is not available on these samples. Samples that do not screen negative can be packaged and sent to the laboratory for confirmation at an additional charge.

6 Panel <input type="checkbox"/>	Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO)	Confirm Required if Presumptive Positive: Yes No
10 Panel <input type="checkbox"/>	Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO, BUP, MTD, OXY, PCP)	Confirm Required if Presumptive Positive: Yes No
12 Panel <input type="checkbox"/>	Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO, BUP, MTD, OXY, PCP, MDMA, BAR)	Confirm Required if Presumptive Positive: Yes No

ORAL FLUID

10 Panel Frequency: _____ x mth _____ x wk All Oral Fluid is Autoconfirmed
(AMP/MAMP, BUP, BZO, COC, FEN, MTD, OPI, OXY, PCP, THC)

Standard Confirmation Cost: \$25 per panel **Kratom and Neurontin Confirmation Cost:** \$50 per panel **Specialty Confirmation Cost:** Contact tapsupport@classatraincenter.com for a quote.

Other/Special Instructions: _____

Impact Panel - 2 hrs \$45 **Holiday testing**

All clients are tested on random basis determined by frequency specified above. If no referral is received or no frequency is specified, client will be placed on frequency of 1 test per week until otherwise specified by referring party. I hereby authorize the testing agency to receive and release any information regarding drug and alcohol testing to referring party. I agree to the terms and conditions put forth during my intake session.

Client Signature

Date