



ATOWN LABS

Expediting Your

Toxicology

Expediting Your Toxicology
Laboratory Results With Our
24-48 Hour Turnaround

Welcome to



ATOWN LABS

Our Guide For
Collecting &
Sending Specimens
To ATOWN LABS

Contact Information

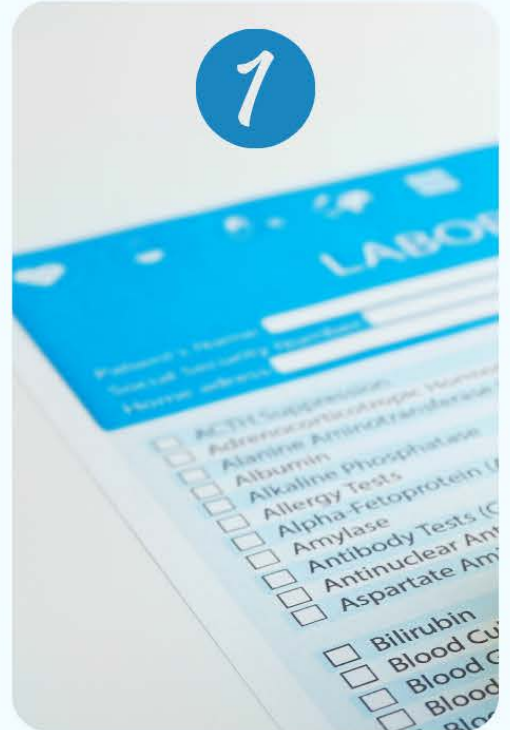
Territory Manager.....
Phone Number.....
Email.....

Account Manager.....
Phone Number.....
Email.....

Lab (805) 464-2641
Fax (805) 465-6648
admin@atownlabs.com
Supply Orders: admin@atownlabs.com
Website: www.atownlabs.com

Web-portal User Name.....
Password.....

Fill out Each
Patient Requisition
Form Precisely



Place Patient Identification Sticker On Cup & Collect Patient Specimen

2

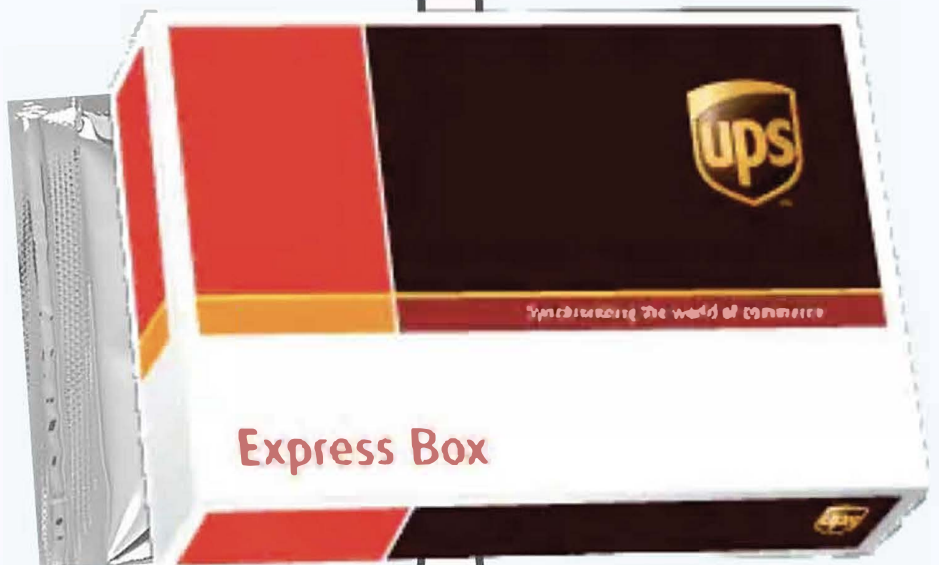
Place Specimen In Biohazard Bag & Seal Then Insert Patient Requisition & Insurance Forms In Back Pocket



Insert Plastic UPS Laboratory Bag Inside Shipping Box

3

Place Up To 10 Specimens In Each UPS Laboratory Pack Once It Is Filled With Specimens Then Seal UPS Box



Attach The UPS Shipping Label To UPS Box

4

Leave UPS Box At Designated Pick Up Area Or Bring To Your Local UPS Drop Box Or UPS Office



Requisition & Billing Information

Atown Labs strives to efficiently process your patients' specimens. Please ensure that all patient demographic and insurance information is sent with a completed requisition.

Billing Information that is not received with a patient specimen prevents Atown Labs from filling a patient claim, prompting our billing department to contact your office for missing information.

Completed Requisition Example shows exactly what information needs to be filled out. Please attach a copy of the patient's insurance card (front & back) with each requisition form.

Checkmark Lab for Atown Labs on each requisition form. The only exception is if you have entered into a Client Bill agreement with Atown Labs and want to bill for a specimen.

ICD-10 Code must be provided on every requisition and must reflect the patient's chart. If the patient has a Federal Insurance, there will need to be a primary and a secondary diagnosis code. For further information on ICD-10, please view any of these references:

ICD-10 Website

www.cms.gov/medicare/coding/icd10/ikdex.html

Provider Road Mapping

www.roadto10.org/

Mapping

<https://www.cms.gov/medicare/coding/icd10/2016-icd-10-cm-and-gems.html>



For Any Questions
Please Contact

Billing Department
Phone (805)464-2641
Fax (805) 465-6648
rfann@atownlabs.com

Fill Out Each
Patient
Requisition
Form Precisely

1

Please Copy the
Front of Patient's
Driver License or
State ID. Include
a Copy of their
Insurance Card
Front & Back



Please Copy Front & Back of
Patient's Insurance Card



Carl Johnson, MD
Laboratory Medical Director
CLIA # 05D2265868

Practice Information

Dr. Jane Doe Clinic
123 West Main Street
Atascadero, Ca 29607

COLLECTED BY _____ DATE / TIME _____ SPECIMEN TYPE _____
oTemperature read within 4 minutes and is in range of 32.0- 37.3 °C (90-100°F)

If NO, actual temperature: _____
o All are OBSERVED collection unless checked

0229471

First Name John

Last Name Smith

DOB 12/29/1977

0229471

TOXICOLOGY REQUISITION FORM

1 PATIENT INFORMATION

NAME (LAST / FIRST / MI)	DATE OF BIRTH (MM / DD / YYYY)	BILLING INFORMATION (CHECK ALL THAT APPLY)
ADDRESS (STREET / CITY / STATE / ZIP)		<input type="checkbox"/> MEDICARE. <input type="checkbox"/> MEDICAID.
		<input type="checkbox"/> TRICARE
PHONE NUMBER ()	Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DIAGNOSIS CODES <input type="checkbox"/> F11.20 <input type="checkbox"/> _____ <input type="checkbox"/> OTHERS _____

Fill out patient information

2 PATIENT AUTHORIZATION

I certify that I have voluntarily provided a fresh and unadulterated urine specimen for analytical testing. The information provided on this form and the label affixed to the specimen bottle is accurate. I authorize ATOWN Labs to release the results of this testing to the treating physician or facility. I hereby authorize my insurance benefits to be paid directly to ATOWN Labs for services I received. 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 ATOWN Labs within 30 days of receipt. Failure to do so may result in my account being forwarded to Collections and reported to a Credit Bureau. I understand that ATOWN Labs may use specimen and any testing performed on that specimen for research, development, and potential publication purposes so long as the information has been properly de-identified pursuant to law.

PATIENT SIGNATURE _____ Patient Signature/Date Required DATE _____

3 CURRENT MEDICATIONS

<input type="checkbox"/> ADDERALL	<input type="checkbox"/> DEMEROL	<input type="checkbox"/> FLEXERIL	<input type="checkbox"/> LORTAB	<input type="checkbox"/> NORTRIPTYLINE	<input type="checkbox"/> RITALIN	<input type="checkbox"/> TRAMADOL
<input type="checkbox"/> ALPRAZOLAM	<input type="checkbox"/> DIAZEPAM	<input type="checkbox"/> FLUOXETINE	<input type="checkbox"/> LYRICA	<input type="checkbox"/> NUCYNTA	<input type="checkbox"/> ROXICET	<input type="checkbox"/> VALIUM
<input type="checkbox"/> AMBIEN	<input type="checkbox"/> DILAUDID	<input type="checkbox"/> GABAPENTIN	<input type="checkbox"/> MEPERIDINE	<input type="checkbox"/> OXECTA	<input type="checkbox"/> ROXICODONE	<input type="checkbox"/> VENLAFAXINE
<input type="checkbox"/> AMITRIPTYLINE	<input type="checkbox"/> DURAGESIC	<input type="checkbox"/> HYDROCODONE	<input type="checkbox"/> METHADONE	<input type="checkbox"/> OXYCODONE	<input type="checkbox"/> SERAX	<input type="checkbox"/> VICODIN
<input type="checkbox"/> BUPRENORPHINE	<input type="checkbox"/> ELAVIL	<input type="checkbox"/> HYDROCODONE/ APAP	<input type="checkbox"/> METHYLPHENIDATE	<input type="checkbox"/> OXYCONTIN	<input type="checkbox"/> SOMA	<input type="checkbox"/> VICOPROFEN
<input type="checkbox"/> BUPROPION	<input type="checkbox"/> FENTANYL	<input type="checkbox"/> HYDROMORPHONE	<input type="checkbox"/> MORPHINE	<input type="checkbox"/> PAROXETINE	<input type="checkbox"/> SUBOXONE	<input type="checkbox"/> XANAX
<input type="checkbox"/> BUTRANS	<input type="checkbox"/> FENTORA	<input type="checkbox"/> KETAMINE	<input type="checkbox"/> MSIR	<input type="checkbox"/> PERCOCET	<input type="checkbox"/> SUBUTEX	<input type="checkbox"/> ZOLPIDEM
<input type="checkbox"/> CLONAZEPAM	<input type="checkbox"/> FIORICET	<input type="checkbox"/> KLONOPIN	<input type="checkbox"/> NALTREXONE	<input type="checkbox"/> PREGABALIN	<input type="checkbox"/> TAPENTADOL	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> CYCLOBENZAPRIN	<input type="checkbox"/> FIORINAL	<input type="checkbox"/> LORAZEPAM	<input type="checkbox"/> NEURONTIN	<input type="checkbox"/> RESTORIL	<input type="checkbox"/> TEMAZEPAM	<input type="checkbox"/> _____

DRUG SCREENING (POC)		(+)	(-)
AMPHETAMINES	AMP		
COCAINE	COC		
OXYCONTIN	OXY		
THC	THC		
PHENCYCLIDINE	PCP		
ECSTASY	MDMA		
	OPI		
OPIATES			
BENZODIAZEPINES	BZO		
BARBITURATES	BAR		
METHADONE	MTD		
METHAMPHETAMINE	MET		
BUPRENORPHINE	BUP		
OTHERS:			

4 ORDER TESTS (See back page for individual listing and panel details)

<input type="checkbox"/> UDS W/ CONFIRM & ADULTERATION CHECK	<input type="checkbox"/> UDS ONLY W/ ADULTERATION CHECK
<input type="checkbox"/> CUSTOM CLIENT PANEL	<input type="checkbox"/> CONFIRMATION ONLY

5 PATIENT'S RISK CATEGORY (Based on Clinic Policy)

- HIGH RISK
- MEDIUM RISK
- LOW RISK

You must check each box listed below to indicate that you have read, acknowledged and understand each.

I understand that it is the provider's responsibility to determine the Medical Necessity of each test requested, and that only tests which are reasonable and medically necessary should be ordered. The method of test selection I choose will be based on Medical Necessity for each of my patients. The Office of Inspector General (OIG) takes the position that an individual who knowingly causes a false claim to be submitted may be subject to sanctions or remedies available under civil, criminal, and administrative law.

I understand that it is my option to use the single check box ordering panel choice on the test requisition OR to choose test orders individually. If tests are ordered individually, only those screening panels or drug analytes indicated on the Laboratory Requisition form will be tested. Additional patient-specific drugs can be added to the profile by checking individual tests in addition to the profile choice box. I will maintain all written consent forms as part of the patient file and will make them available to Atown Labs upon reasonable request.
o Electronic Order Authorization. Clinical Laboratory Licensing Regulations require that specimens be tested at the request of a licensed practitioner. I understand electronic orders entered through our LIS serve as documentation for an order authorized by an ordering licensed practitioner since the act was performed by or authorized by the practitioner.

I understand any order authorized to a patient order entry technician must be entered with their user information and documented by Practitioner in the patient file

REQUESTING PHYSICIAN'S SIGNATURE _____ DATE _____

Requesting Physician's Signature and Date required

SCREEN AND CONFIRMATION PANEL BUILD BY TEST NAME		SCREEN WITHOUT CONFIRM	SCREEN WITH CONFIRM	CUSTOM SCREEN W/ CONFIRM
EIA Screening tests are listed on this box and confirmation tests underneath. Check the desired tests to be performed if not indicated on the standard panel requested by your facility.				
AMPHETAMINES		SCREEN ___	SCREEN ___	SCREEN ___
Amphetamine MDEA	MDA MDMA		CONF _____	CONF _____
ANTICONVULSANTS				
Gabapentin	Pregabalin		CONF _____	CONF _____
BARBITURATES		SCREEN ___	SCREEN ___	SCREEN ___
Amobarbital Butalbital Phenobarbital	Pentobarbital Secobarbital		CONF _____	CONF _____
BENZODIAZEPINES				
7-Aminoclonazepam α-Hydroxyalprazolam Alprazolam Clonazepam Diazepam	Lorazepam Nordiazepam Oxazepam Temazepam	SCREEN ___	SCREEN ___ CONF _____	SCREEN ___ CONF _____
BUPRENORPHINE		SCREEN ___	SCREEN ___	SCREEN ___
Buprenorphine	Norbuprenorphine		CONF _____	CONF _____
CANNABINOIDS		SCREEN ___	SCREEN ___	SCREEN ___
THC-COOH	THC-OH		CONF _____	CONF _____
COCAINE		SCREEN ___	SCREEN ___	SCREEN ___
Cocaine	Benzoyllecgonine		CONF _____	CONF _____
HYPNOTICS				
Zaleplon Zolpidem	Ketamine Zopiclone		CONF _____	CONF _____
METHADONE		SCREEN ___	SCREEN ___	SCREEN ___
EDDP	Methadone		CONF _____	CONF _____
METHAMPHETAMINE				
Amphetamine	Methamphetamine			
MUSCLE RELAXANTS				
Carisoprodol Meprobamate			CONF _____	CONF _____
STIMULANTS				
Ritalinic Acid			CONF _____	CONF _____
OPIATES				
6-AcetylMorphine Codeine Fentanyl Hydrocodone Hydromorphone Morphine Norfentanyl Norpropoxyphene	Oxycodone O-Desmethyltramadol Oxymorphone Propoxyphene Tapentadol Tramadol Meperidine	SCREEN ___	SCREEN ___ CONF _____	SCREEN ___ CONF _____
PHENCYCLIDINE		SCREEN ___	SCREEN ___	SCREEN ___
Phencyclidine			CONF _____	CONF _____
TCA's / PSYCH				
Amitriptyline Clomipramine Doxepin Imipramine Nortriptyline Trimipramine	Desipramine		CONF _____	CONF _____
OTHERS:		SCREEN ___	SCREEN ___	SCREEN ___
			CONF _____	CONF _____

Standing Order Request:

I understand and hereby acknowledge:

- (1) I have requested the creation of a custom profile of certain tests for use in the facility, all of which are appropriate;
- (2) I understand that when ordering tests for which Medicare reimbursement will be sought, I should only order those tests which I believe are medically necessary for each patient;
- (3) I know that using a customized profile may result in the ordering of tests for which Medicare or other federally funded health care programs may deny payment;
- (4) I will order individual tests or a less inclusive profile when not all of the tests included in the customized profile are medically necessary for an individual patient;
- (5) I have been informed that the OIG takes the position that a physician who orders medically unnecessary tests may be subject to civil penalties; and
- (6) A nurse Practitioner (NP) or Physician Assistant (PA) will only send specimens to Atown Labs when my practice or facility is billing under his or her NPI number. If my practice or facility does NOT bill under the NP or PA's NPI number for any patient, I understand that the physician must be the one to order the test for that patient.

This Predefined Custom Panel request will be **valid for one (1) year** from the date of signature, at the end of which time a review and reauthorization will be requested. However, I may change it at any time. I understand that at any time I can override my standing order through individualized selections on each patient's individual requisition.

The providers listed below will all choose to utilize the attached single checkbox profile. This may be authorized to Atown Labs either by individual signatures from provider, or by the signature of a single physician authorized to sign for the group.

Provider's Name (Print)

Provider's Signature

NPI

Date

Provider's Information & Signature is required

Provider's Signature

NPI

Date



The Atown Difference High Sensitivity Definitive Toxicology Testing



Stat Accessioning

STAT Accounts - Expedited High Sensitivity Definitive Toxicology Testing Results

30 Day Integration- Atown Labs Quickly Communicates Issues That Can Affect Testing and Turn-Around Time

Centrifuge Yields a Clean Urine Sample, Removing Large Interferences

High Sensitivity Enzymatic Specimen Incubation

Converts All Drugs

Solid Phase Extraction & Concentrate

Eliminates Interferences and Extracts Drug to Increase Sensitivity Evaporates Liquid Leaving High Concentrations of Drugs for Maximum Sensitivity

LC-MS/MS

Column Flush Between Each Patient to Avoid Cross-Contamination
Extensive Needle Wash Between Samples to Eliminate Carry Over
Blank Test Specimen Runs Every 8 Patients to Eliminate Contamination
Control Specimen Runs Every 16 Patients to Ensure Proper Instrumentation Function

Analysis

Proprietary Software Verifies Accuracy of All Detected Drugs
Results Reviewed by two certifying scientists
Multi-Level Verification Process for Positive Non-Prescribed Medications
Automatic Re-Test and Verification to the Patient's Previous Results
Results Access to Toxicologists for Consultation and Results Interpretation **(805) 464-2641**



Definitive Toxicology Menu: Urine

DRUG CLASS	COMPOUNDS/ METABOLITES DETECTED	CUT OFF	LEVEL	DETECTION WINDOW	PRESCRIPTION BRAND NAME/OTHER
ILLCITS					
ALPHA-PVP (FLAKKA)	ALPHA-PVP	2.5 ng/ml			FLAKKA
BATH SALTS	3,4 METHYLENEDIOXYPYROVALERONE (MDPV, MEPHEDRONE, METHYLONE)	50 ng/ml		2-5 days	CLOUD 9, WHITE LIGHTNING, IVORY WAVE, OTHERS
COCAINE	BENZOYLECGONINE	50 ng/ml		1-2 days	CRACK
ECSTASY	METHYLENEDIOXYMETHAMPETAMINE (MDMA)	50 ng/ml		2-5 days	ECSTASY, MOLLY
HEROIN	6-MONOACETYLMORPHINE (6-MAM), MORPHINE, CODEINE (MINOR METAB)	5.0 ng/ml		<1 day	HEROIN
PHENCYCLIDINE (PCP)	PHENCYCLIDINE (PCP)	5.0 ng/ml		up to 21 days	ANGEL DUST
CANNABINOIDS					
THC	Δ-9-CARBOXYTETRAHYDROCANNIBINOL	25 ng/ml		up to 30 days	DRONABINOL, MARINOL
SLEEP AIDS					
ESZOPICLONE	ZOPICLONE/ESZOPICLONE	5.0 ng/ml		1 day	LUNESTA
ZALEPLON	ZALEPLON	5.0 ng/ml		1 day	SONATA
ZOLPIDEM	ZOLPIDEM	5.0 ng/ml		1 day	AMBIEN, EDLUAR, INTERMEZZO, ZOLPIMIST
SSRI ANTIDEPRESSANTS					
CITALOPRAM	CITALOPRAM, DESMETHYL CITALOPRAM	25 ng/ml		2-3 days	CELEXA
ESCITALOPRAM	CITALOPRAM, DESMETHYL CITALOPRAM	25 ng/ml		2-3 days	LEXAPRO
FLUOXETINE	FLUOXETINE, NORFLUOXETINE	25 ng/ml		1-3 days	PROZAC, SARAFEM, SELFEMRA, SYMBYAX
PAROXETINE	PAROXETINE	25 ng/ml		7-14 days	AROPAX, BRISDELLE, PAXIL, PEVEVA, SEREUPIN, SEROXAT
SERTRALINE	SERTRALINE	25 ng/ml		6-8 days	ZOLOFT
SNRI ANTIDEPRESSANTS					
DESVENLAFAXINE	DESMETHYLVENLAFAXINE	25 ng/ml		3-4 days	KHEDEZLA, PRISTIQ
VENLAFAXINE	DESMETHYLVENLAFAXINE, VENLAFAXINE	25 ng/ml		3-4 days	EFFEXOR
DULOXETINE	DULOXETINE	50 ng/ml		1-2 days	CYMBALTA
TRICYCLIC ANTIDEPRESSANTS					
AMITRIPTYLINE	AMITRIPTYLINE, NORTRIPTYLINE	25 ng/ml		4-10 days	ELAVIL, ENDEP, ETRAFON, LEVATE, LIMBITROL, TRIAVIL, VANATRIP
DESIPRAMINE	DESIPRAMINE	25 ng/ml		2-11 days	NORPRAMIN, PERTOFRANE
DOXEPIN	DOXEPIN	25 ng/ml		2-8 days	SILENOR, SINEQUAN, ZONALON
IMIPRAMINE	IMIPRAMINE, DESIPRAMINE	25 ng/ml		2-11 days	TOFRANIL
NORTRIPTYLINE	NORTRIPTYLINE	25 ng/ml		4-19 days	AVENTYL, PAMELOR
OTHER ANTIDEPRESSANTS					
BUPROPION	HYDROXYBUPROPION	25 ng/ml		2-4 days	ALPLENZIN, CONTRAVE, FORTFIVO, WELLBUTRIN, ZYBAN
MIRTAZAPINE	MIRTAZAPINE	25 ng/ml		2-4 days	REMERON
TRAZODONE	TRAZADONE	25 ng/ml		2-4 days	DESYREL
QUETIAPINE	QUETIAPINE	25 ng/ml		2-4 days	KETIPINOR, SEROQUEL, XEROQUEL
RESPERIDONE	9-HYDROXYRISPERIDONE	25 ng/ml		5-7 days	RESPERDAL
PALIPERIDONE	9-HYDROXYRISPERIDONE	25 ng/ml		5-7 days	INVEGA
EMERGING DRUGS					
25B-NBOME	25B-NBOME	2.5 ng/ml			
25C-NBOME	25C-NBOME	2.5 ng/ml			
25I-NBOME	25I-NBOME	2.5 ng/ml			
MITRAGYNE (KRATOM)	MITRAGYNE, 7-HYDROXYMITRAGYNE	50 ng/ml			KRATOM
DESOMORPHINE (KROKODIL)	DESOMORPHINE	25 ng/ml			KROKODIL
DEXTROMETHORPHAN	DEXTROMETHORPHAN/LEVOMETHORPHAN	2.5 ng/ml			BROMFED-DM, DELSYM, DEXTROMETHORPHAN POLISTIREX, MUCINEX DM, NUEDEXTA, PHENERGAN DM, PROMETHAZINE DM
LEVOMETHORPHAN	DEXTROMETHORPHAN/LEVOMETHORPHAN	2.5 ng/ml			
SYNTHETIC CANNABINOIDS					
AM2201	AM2201 4-HYDROXPENTYL METABOLITES	1.0 ng/ml			SPICE, K2
JWH-018	JWH-018 5-HYDROXPENTYL METABOLITES	1.0 ng/ml			SPICE, K2
JWH-073	JWH-073 4-HYDROXYBUTYL METABOLITES	1.0 ng/ml			SPICE, K2
JWH-122	JWH-122 5-HYDROXPENTYL METABOLITES	1.0 ng/ml			SPICE, K2
JWH-210	JWH-210 4-HYDROXPENTYL METABOLITES	2.0 ng/ml			SPICE, K2
JWH-250	JWH-250 4-HYDROXPENTYL METABOLITES	2.0 ng/ml			SPICE, K2
UR-144	UR-144 5-HYDROXPENTYL METABOLITES	2.0 ng/ml			SPICE, K2
XLR-11	XLR-11 METABOLITES	2.0 ng/ml			SPICE, K2
AB-FUBINACA	AB-FUBINACA	2.0 ng/ml			SPICE, K2
AB-PINACA	AB-PINACA	2.0 ng/ml			SPICE, K2
BARBITURATES					
AMOBARBITAL/PENTOBARBITAL	AMOBARBITAL/PENTOBARBITAL	100 ng/ml			AMYTAL SODIUM
BUTALBITAL	BUTALBITAL	100 ng/ml			BUTAPAP, FIORICET, FIORINAL, LANORINAL
PRIMIDONE	PHENOBARBITAL	100 ng/ml			MYSOLINE
PHENOBARBITAL	PHENOBARBITAL	100 ng/ml			BELLADONNA W/PHENOBARBITAL, LUMINAL
SECOBARBITAL	SECOBARBITAL	100 ng/ml			SECONAL

Definitive Toxicology Menu: Urine

DRUG CLASS	COMPOUNDS/ METABOLITES DETECTED	CUT OFF LEVEL	DETECTION WINDOW	PRESCRIPTION BRAND NAME/OTHER
AMPHETAMINE/STIMULANTS				
AMPHETAMINE	AMPHETAMINE	50 ng/ml	3-5 days	ADERALL, ADDERALL XR, ADZENYS XR-ODT, DEXEDRINE, DEXTROAMPHETAMINE, DEXTROSTAT, EVEKEO,
METHAMPHETAMINE	METHAMPHETAMINE AMPHETAMINE	50 ng/ml	5 days	3- LISDEXAMFETAMINE, VYVANSE, ZENZEDI, BENZPHETAMINE, DESOXYN, DIDREX, ELDEPRYL, SELEGILINE, VICKS INHALER
METHAMPHETAMINE ISOMER TESTING	d-METHAMPHETAMINE, METHAMPHETAMINE	50 ng/ml	3-5 days	BENZPHETAMINE, DESOXYN, DIDREX, ELDEPRYL, SELEGILINE, VICKS INHALER
METHYLPHENIDATE	METHYLPHENIDATE	50 ng/ml	1-2 days	APTENSIO XR, CONCERTA, DAYTRANA, FOCALIN, METADATE, METHYLIN, QUILLICHEW ER, QUILLIVANT, RITALIN
PHENTERMINE	PHENTERMINE	50 ng/ml	3-5 days	APIDEX-P, QSYMIA, SUPRENZA
ANTICONVULSANTS				
GABAPENTIN	GABAPENTIN	1000 ng/ml	1-2 days	GRALISE, HORIZANT, NEURONTIN
PREGABALIN	PREGABALIN	1000 ng/ml	1-2 days	LYRICA
ANTISEIZURES				
LAMOTRIGINE	LAMOTRIGINE	25 ng/ml	3-5 days	LAMICTAL
LEVETIRACETAM	LEVETIRACETAM	50 ng/ml	1-3 days	ELEPSIA XR, KEPPRA, SPRITAM
BENZODIAZEPINES				
ALPRAZOLAM	ALPHA-HYDROXYALPRAZOLAM	20 ng/ml	2-4 days	XANAX, XANAX XR
CHLORDIAZEPOXIDE	NORDIAZEPAM, OXAZEPAM	20 ng/ml	2-4 days	LIBRIUM, LIMBITROL
CLONAZEPAM	7-AMINOCLOAZEPAM	20 ng/ml	2-14 days	KLONOPIN
CLORAZEPATE	NORDIAZEPAM, OXAZEPAM	20 ng/ml	2-4 days	GEN-XENR, TRANXENE
DIAZEPAM	NORDIAZEPAM, OXAZEPAM, TEMAZEPAM	20 ng/ml	2-14 days	DIASAT, DIAZEPAM INTENSOL, VALIUM
LORAZEPAM	LORAZEPAM	25 ng/ml	5-7 days	ATIVAN, LORAZEPAM INTENSOL
MIDAZOLAM	ALPHA-HYDROXYMIDAZOLAM	20 ng/ml	1-2 days	VERSED
OXAZEPAM	OXAZEPAM	20 ng/ml	2-7 days	SERAX
TEMAZEPAM	TEMAZEPAM, OXAZEPAM	20 ng/ml	1-4 days	RESTORIL
TRIAZOLAM	ALPHA-HYDROXYTRIAZOLAM	20 ng/ml	1-2 days	HALCION
ETG CONFIRMATION				
ETHANOL METABOLITES	ETHYL GLUCURONIDE	500 ng/ml	1-3 days	ETHYL ALCOHOL
ETHANOL METABOLITES	ETHYL SULFATE	150 ng/ml	1-3 days	ETHYL ALCOHOL
MUSCLE RELAXANTS				
CARISOPRODOL	CARISOPRODOL, MEPROBAMATE	50 ng/ml	1 day	SOMA
CYCLOBENZAPRINE	CYCLOBENZAPRINE	50 ng/ml	3-8 days	AMRIX, FLEXERIL
MEPROBAMATE	MEPROBAMATE	50 ng/ml	2-3 days	EQUANIL, MILTOWN
OPIATES/OPIOIDS				
BUPRENORPHINE	BUPRENORPHINE	1.0 ng/ml	2-3 days	BELBUCA, BUNAVAIL BUCCAL FILM, BUPRENEX, BUTRANS, SUBOXONE, SUBUTEX, ZUBSOLV
CODEINE	CODEINE, MORPHINE, HYDROCODONE (MINOR METABOLITE)	50 ng/ml	2-3 days	CHERTUSSIN, FIORICET, W/CODEINE, FIORINAL W/CODEINE, GUAIA TUSSIN, TRIACIN-C, TUZISTRAXR, TYLENOL W/CODEINE #3, TYLENOL W/CODEINE #4
FENTANYL	FENTANYL, NORFENTANYL	0.5 ng/ml	1-3 days	ABSTRAL, ACTIQ, DURAGESIC, FENTORA, IONSYS, LAZANDA, SUBLIMAZE, SUBSYS
HYDROCODONE	HYDROCODONE, HYDROMORPHONE, NORHYDROCODONE	25 ng/ml	2-3 days	FLOWTUSS, HYCODAN SYRUP HYCOFENIX, HYDROCET, HYSINGLA ER, LORTAB, LORCET, NORCO, OBREDON, REPREXAIN, REZIRA, TUSSICAPS, TUSSIGON, TUSSIONEX, VICODIN, VICOPROFEN, VITUZ, XODOL, ZOHYDRO ER, ZUTRIPRO, ZYDONE
HYDROMORPHONE	HYDROMORPHONE	50 ng/ml	2-3 days	DILAUDID, DILAUDID-HP, EXALGO, HYDROSTAT IR
MEPERIDINE	MEPERIDINE, NORMEPIRIDINE	50 ng/ml	24-48 hours	DEMEROL
METHADONE	METHADONE, EDDP	50 ng/ml	up to 14 days	DOLOPHINE, METHADONE HCL INTENSOL, METHADOSE
MORPHINE	MORPHINE, HYDROMORPHONE (MINOR METABOLITES)	100 ng/ml	2-3 days	APOKYN, ASTRAMORPH, AVINZA, DURAMORPH, EMBEDA, INFUMORPH, KADIAN, MS CONTIN, MSER, MSIR, ORAMORPH SR, ROXANOL
NALOXONE	NALOXONE	5.00 ng/ml	2-3 days	BUNAVAIL BUCCAL FILM, EVZIO, SUBOXONE, TALWIN, ZUBSOLV
NALTREXONE	NALTREXONE, 6-BETA-NALTREXOL	5.0 ng/ml		CONTRAVE, EMBEDA, REVIA, VIVITROL
OXYCODONE	OXYCODONE, OXYMORPHONE, NOROXYCODONE	50 ng/ml	2-3 days	ENDOCET, OXAYDO, OXYIR, OXYCONTIN, OXYCET, PERCOCET, PERCODAN, PERCOLONE, ROXICET, ROXICODONE, TYLOX, XARTEMIS, XTAMPZA ER
OXYMORPHONE	OXYMORPHONE	50 ng/ml	2-3 days	NUMORPHAN, OPANA, OPANA ER
PENTAZOCINE	PENTAZOCINE	50 ng/ml	1-2 days	TALWIN
PROPOXYPHENE	PROPOXYPHENE	50 ng/ml	up to 7 days	DARVOCET, DARVON
TAPENTADOL	TAPENTADOL	50 ng/ml	2-3 days	NUCYNTA
TRAMADOL	TRAMADOL, DESMETHYLTRAMADOL	50 ng/ml	2-4 days	CONZIP, ULTRACET, ULTRAM, ULTRAM ER

To Order Labs or View Results Visit Our Website www.atownlabs.com

HOW TO VIEW RESULTS

1. From our website www.atownlabs.com click on **Lab Orders & Results**
2. Login with your username and password
3. If this is a recent order, click on **Inbox** at the top of the web page or, if this is an earlier order, click **Result Inquiry**
4. Then search by **Last Name** on your company phone or desktop computer



1

Lab Orders & Results

2

Web Portal Login



3

Enter Web Portal

4

Search by Last Name

A smartphone screenshot of the ATOWN LABS search results page. The header says "ATOWN LABS Please enter one of the following search". Below are several search criteria with input fields: "Last Name", "First Name", "D.O.B", "Unit/Physician" (with a dropdown menu showing "ALL"), "Order date", "Collection Date", "Starting Date" (with a calendar icon), and "Ending Date" (with a calendar icon). At the bottom, there is a red link: "Check here for more search options".



ATOWN LABS
 9471 EL CAMINO REAL
 ATASCADERO, CA 93422
 DIRECTOR: CARL JOHNSON, MD
 (805) 464-2641 Fx: (805) 465-6648

Name: TEST, EDDY	OrderDate: 01/25/23 12:59PM	Acc# : 10546
D.O.B: 04/19/1974	DrawDate : 01/25/23 12:59PM	Ordered By: CARL JOHNSON, MD
Sex: M Age: 48	RecvDate : 01/25/23 12:59PM	Location: OUTPATIENT
Fasting: NO	Completed: 01/25/23 01:00PM	Priority: ROUTINE
Collector: EDL		Comment:

Test Name	Result		Reference Range	Units	Tech
	In Range	Out of Range			

TOXICOLOGY

Methadone	65 L	100 - 400	NG/ML	EDL
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This test was developed and its performance characteristics determined by ATown Labs. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Amphetamine		75 H	0 - 20	NG/ML	EDL
Methylphenidate	0		0 - 20	mg/mL	EDL
Gabapentin	0		0 - 20	mg/mL	EDL
Lamotrigine	0		0 - 20	mg/mL	EDL
Levetiracetam	0		0 - 20	mg/mL	EDL
Alprazolam	0		0 - 20	mg/mL	EDL
Chlordiazepoxid	0		0 - 20	mg/mL	EDL
Clonazepam	0		0 - 20	mg/mL	EDL
Clorazepate	0		0 - 20	mg/mL	EDL
Diazepam	0		0 - 20	mg/mL	EDL
Lorazepam	0		0 - 20	mg/mL	EDL
Midazolam	0		0 - 20	mg/mL	EDL
Oxazepam	0		0 - 20	mg/mL	EDL
Carisoprodol	0		0 - 20	mg/mL	EDL
Cyclobenzaprine	0		0 - 20	mg/mL	EDL
Meprobamate	0		0 - 20	mg/mL	EDL
Buprenorphine	0		0 - 20	mg/mL	EDL
Codeine	0		0 - 20	mg/mL	EDL
Fentanyl	0		0 - 20	mg/mL	EDL
Hydrocodone	0		0 - 20	mg/mL	EDL
Hydromorphone	0		0 - 20	mg/mL	EDL
Meperidine	0		0 - 20	mg/mL	EDL
Morphine	0		0 - 20	mg/mL	EDL
Naloxone	0		0 - 20	mg/mL	EDL
Oxycodone	0		0 - 20	mg/mL	EDL
Oxymorphone	0		0 - 20	mg/mL	EDL
Alpha-PVP	0		0 - 20	mg/mL	EDL
Cocaine	0		0 - 20	mg/ml	EDL
Ecstasy	0		0 - 20	mg/mL	EDL
Heroin	0		0 - 20	mg/mL	EDL
Eszopiclone	0		0 - 20	mg/mL	EDL
Citalopram	0		0 - 20	mg/mL	EDL
Escitalopram	0		0 - 20	mg/mL	EDL
Fluoxetine	0		0 - 20	mg/mL	EDL
Desvenlafaxine	0		0 - 20	mg/mL	EDL
Duloxetine	0		0 - 20	mg/mL	EDL
Amitriptyline	0		0 - 20	mg/mL	EDL

Physician: CARL JOHNSON, MD Address: 5805 CAPISTRANO AVE Suite/Room: SUITE C City, State: ATASCADERO, CA Zip: 93422 Phone: (805) 544-7832 Fax: NOT PROVIDED	Patient: TEST, EDDY Address: 121 STREET NAME City, State: CITY NAME Zip: 93422 Phone: 7605798430 Email: ADMIN@ATOWNLABS.COM PRINTED: 01/25/2023 01:00PM
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Name: TEST, EDDY D.O.B: 04/19/1974 Sex: M Age: 48 Fasting: NO Collector: EDL	Acc# : 10546 OrderDate: 01/25/23 12:59PM DrawDate : 01/25/23 12:59PM RecvDate : 01/25/23 12:59PM Completed: 01/25/23 01:00PM	Ordered By: CARL JOHNSON, MD Location: OUTPATIENT Priority: ROUTINE Comment:
--	--	--

Test Name	Result		Reference Range	Units	Tech
	In Range	Out of Range			

TOXICOLOGY

Desipramine	0		0 - 20	mg/mL	EDL
Doxepin	0		0 - 20	mg/mL	EDL
Imipramine	0		0 - 20	mg/mL	EDL
Nortriptyline	0		0 - 20	mg/mL	EDL
Bupropion	0		0 - 20	mg/mL	EDL
Mirtazapine	0		0 - 20	mg/mL	EDL
Mitragynine	0		0 - 20	mg/mL	EDL
Desomorphine	0		0 - 20	mg/mL	EDL
Dextromethorpha	0		0 - 20	mg/mL	EDL
Amo-pentobarb	0		0 - 20	mg/mL	EDL
Butalbital	0		0 - 20	mg/mL	EDL

This test was developed and its performance characteristics determined by ATown Labs. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Physician: CARL JOHNSON, MD Address: 5805 CAPISTRANO AVE Suite/Room: SUITE C City, State: ATASCADERO, CA Zip: 93422 Phone: (805) 544-7832 Fax: NOT PROVIDED	Patient: TEST, EDDY Address: 121 STREET NAME City, State: CITY NAME Zip: 93422 Phone: 7605798430 Email: ADMIN@ATOWNLABS.COM PRINTED: 01/25/2023 01:00PM
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Order Lab Supplies

Laboratory Requisition Form

IN: _____ Sex: () Ma

Address: _____

Date: _____ Time: _____

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<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Rubella virus	<input type="checkbox"/> Tumor
<input type="checkbox"/> Influenza A virus	<input type="checkbox"/> Mumps virus	<input type="checkbox"/> AI
<input type="checkbox"/> Influenza B virus	<input type="checkbox"/> Measles virus	<input type="checkbox"/> PI
<input type="checkbox"/> Hepatitis A virus	<input type="checkbox"/> HSV-1	<input type="checkbox"/> C
<input type="checkbox"/> Hepatitis B virus	<input type="checkbox"/> HSV-2	<input type="checkbox"/> I
<input type="checkbox"/> Hepatitis C virus	<input type="checkbox"/> E.Histolytica	
<input type="checkbox"/> Dengue virus	<input type="checkbox"/> Thyroid function test	
<input type="checkbox"/> Ebola virus	<input type="checkbox"/> TSH	
<input checked="" type="checkbox"/> MERS-Cov	<input type="checkbox"/> Free T4	
<input type="checkbox"/> SARS virus	<input type="checkbox"/> T4	
<input type="checkbox"/> Malaria parasite	<input type="checkbox"/> Free T3	
<input type="checkbox"/> VDRL	<input type="checkbox"/> T3	

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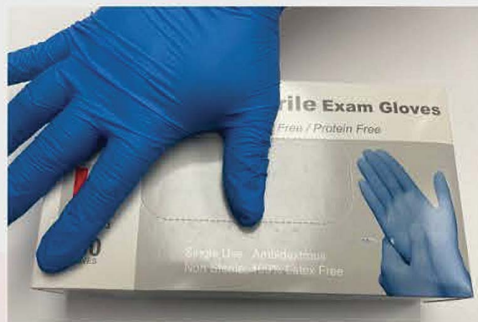
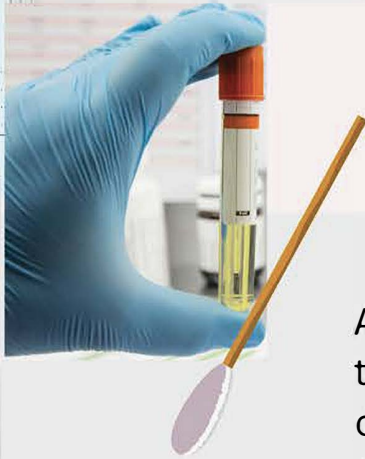
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Atown Labs Supplies All of the Necessary Items to Send Us Your Patient Specimens. You can order standard Supplies like Requisition Forms, Specimen Cups, Saliva Collection Devices, Biohazard Bags, UPS Laboratory Paks, UPS Shipping Boxes and Shipping Labels.

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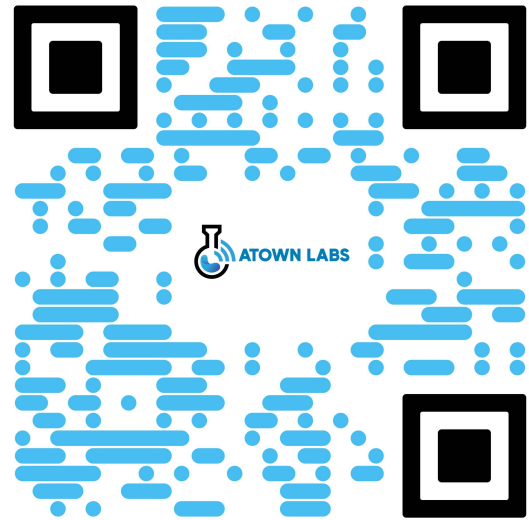
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