



# Urine Toxicology Test Requisition Form

Please attach a copy of the patient face sheet and insurance card.

Provider Information:

### Patient Information

Last Name First Name MI

DOB Sex

Address

City State Zip

Phone Number

Consent to Testing and Use of Results: The specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my physician and/or Elite Clinical Laboratory. I authorize Elite Clinical Laboratory, or its designated agent ("agent"), to release the test results to the ordering practitioner. Financial/Insurance Release: I authorize insurance payments to be made to Elite Clinical Laboratory or its agent for the laboratory services ordered by my practitioner. I authorize my physician and practice staff, as well as my insurance company (if any) to release to Elite Clinical Laboratory or its agent any information needed to determine benefits for laboratory services. I understand that Elite Clinical Laboratory may be out of network with my insurance and that I may be responsible for payment of any deductibles and/or co-insurance charges.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ICD-10 Codes(s): [ ] Z79.899 - Long term use of 'other' medications [ ] Z79.891 - Opioids [ ] Z91.14 - History of Noncompliance with Medical Treatment [ ] F19.20 - Unspecified Drug Dependence Unspecified Use

Other: \_\_\_\_\_

Prescribed Medications: Please attach patient medication list.

Please Mark

- [ ] Clinical Drug Screen and Confirmation [ ] Clinical Drug Screen [ ] Confirmation

### Clinical Drug Screen

Table with 4 columns: 9001 Screen Panel, 904 Buprenorphine, 908 Opiates, 9003 Validity Testing. Includes items like Amphetamines, Cocaine Metabolites, Ethanol, Methadone, etc.

POC Results table with columns for + and - results for AMP, BAR, BZO, COC, THC, MTD, MEMP, OPI, OXY, PCP, Others.

### LC MS/MS Confirmatory Testing

Table with 4 columns: 6001 Stimulants, 6004 Muscle Relaxers/Sleeping Aids, 6003 Opiates/Synthetics, 6009 Opioids. Includes items like Amphetamine, Carisprodol, Codeine, Buprenorphine, etc.

Validity Testing: PH, specific gravity, and creatinine testing will be performed on all specimens.

### Specimen Information

Time Collected: \_\_\_\_\_ Date Collected: \_\_\_\_\_

Collected By: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: All tests ordered should be 'medically necessary' as defined by the OIG.