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CLIA ID# 14D0419924

TOXICOLOGY REQUEST FORM

Patient Information			Provider Information	
Last Name:		First Name:	Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> BCBS	Practice Name:
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Address:	Other: _____	Insurance ID:
Phone Number:	City, State, Zip:	Group Number:	Provider Name:	
			Account Number:	

Diagnosis Code(s):

Prescribed Medications:

Order Quantitative Test by LC-MS/MS (Only order test(s) that are medically necessary specific to each patient)

Specimen Validity		Specimen Information		Quantitative Medication/Drug	Order
<input type="checkbox"/> Perform Creatinine, pH, Specific Gravity, Nitrite	<input type="checkbox"/> Do not Perform	Collection Date:	Collection Time:	Other <input type="checkbox"/> ALL	
Screen by Immunoassay Qualitative	Screen <input type="checkbox"/> w/confirm <input type="checkbox"/> ALL <input type="checkbox"/> w/confirm <input type="checkbox"/> ALL	Collector Name:	Collector Signature:		
6-MAM (Heroin)	<input type="checkbox"/>	Quantitative LC-MS/MS Panels		Doxepin (Silenor, Prudoxin)	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/> Panel Code #700: Complete panel minus Psychiatric Drugs (Urine)		Gabapentin (Neurontin)	<input type="checkbox"/>
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/> Panel Code #701: Complete panel minus and Psychiatric Drugs (Urine)		Nortriptyline (Pamelor)	<input type="checkbox"/>
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/> Panel Code #702: Complete panel minus THC, Alcohol metabolites and Psychiatric Drugs (Urine)		Pregabalin (Lyrica)	<input type="checkbox"/>
Benzoylcegonine (Cocaine)	<input type="checkbox"/>	<input type="checkbox"/> Panel Code #703: Complete panel minus Alcohol and Psychiatric Drugs (Oral)		Psychiatric (Oral Fluid Only) <input type="checkbox"/> ALL	
Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/> Panel Code #704: Psychiatric and Other (Oral)		Amoxopine(Asendin,Defanyl)	<input type="checkbox"/>
Cannabinoid	<input type="checkbox"/>	<input type="checkbox"/> Custom Panel:		Aripiprazole (Abilify)	<input type="checkbox"/>
Cotinine (Nicotine)	<input type="checkbox"/>			Buspiprone	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>			Carbamazepine (Tegretol)	<input type="checkbox"/>
Ethanol	<input type="checkbox"/>			Chlordiazepoxide (Librium)	<input type="checkbox"/>
Methadone	<input type="checkbox"/>			Chlorpromazine	<input type="checkbox"/>
Opiates	<input type="checkbox"/>			Citalopram (Celexa,Cipramil)	<input type="checkbox"/>
Oxycodone	<input type="checkbox"/>			Clomipramine (Anafranil)	<input type="checkbox"/>
Phencyclidine (PCP)	<input type="checkbox"/>			Clozapine (Clozaril, FazaClo)	<input type="checkbox"/>
				Dipehenhydramine (Benadryl)	<input type="checkbox"/>
Quantitative Medication/Drug (Urine or Oral)	Order	Quantitative Medication/Drug (U or OF)	Order	Duloxetine (Cymbalta)	<input type="checkbox"/>
Opioids	<input type="checkbox"/> ALL	Illicits	<input type="checkbox"/> ALL	Estazolam (ProSom)	<input type="checkbox"/>
Buprenorphine (Buprenex, Butrans)	<input type="checkbox"/>	6-MAM (Heroin)	<input type="checkbox"/>	Fluoxetine (Prozac, Sarafem)	<input type="checkbox"/>
Codeine (Tylenol #3)	<input type="checkbox"/>	Benzoylcegonine (Cocaine)	<input type="checkbox"/>	Fluphenazine (Prolixin)	<input type="checkbox"/>
Fentanyl (Fentora, Duragesic)	<input type="checkbox"/>	PCP	<input type="checkbox"/>	Fluvoxamine (Luvox,Faverin)	<input type="checkbox"/>
Hydrocodone (Vicodin, Norco)	<input type="checkbox"/>	Ampetamines		Haloperidol (Haldol)	<input type="checkbox"/>
Hydromorphone (Dilaudid)	<input type="checkbox"/>	Amphetamine (Adderall)	<input type="checkbox"/>	Hydroxybupropion (Wellbutrin)	<input type="checkbox"/>
Meperidine (Demerol)	<input type="checkbox"/>	Methamphetamine (Desoxyn)	<input type="checkbox"/>	Hydroxyzine (Vistaril, Atarax)	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	MDEA	<input type="checkbox"/>	Maprotiline (Depilept)	<input type="checkbox"/>
Morphine (MS-Contin)	<input type="checkbox"/>	MDMA	<input type="checkbox"/>	Mirtazapine (Remeron)	<input type="checkbox"/>
Naloxone (Suboxone)	<input type="checkbox"/>	Barbiturates		Olanzapine (Zyprexa)	<input type="checkbox"/>
Naltrexone (Vivitrol)	<input type="checkbox"/>	Amobarbital	<input type="checkbox"/>	Paroxetine (Paxil)	<input type="checkbox"/>
Oxycodone (Oxycontin, Percocet)	<input type="checkbox"/>	Butabarbital (Butisol)	<input type="checkbox"/>	Propranolol (Inderal)	<input type="checkbox"/>
Oxymorphone (Opana)	<input type="checkbox"/>	Butalbital (Fiorinal)	<input type="checkbox"/>	Protriptyline (Vivactil)	<input type="checkbox"/>
Sufentanil (Sufenta)	<input type="checkbox"/>	Phenobarbital	<input type="checkbox"/>	Quetiapine (Seroquel)	<input type="checkbox"/>
Tapentadol (Nucynta)	<input type="checkbox"/>	Secobarbital	<input type="checkbox"/>	Risperidone (Risperdal)	<input type="checkbox"/>
Tramadol (Ultram)	<input type="checkbox"/>	Sedatives		Sertraline (Zoloft)	<input type="checkbox"/>
Benzodiazepines		Zolpidem (Ambien)	<input type="checkbox"/>	Thioridazine (Mellaril)	<input type="checkbox"/>
Alprazolam (Xanax)	<input type="checkbox"/>	Muscle Relaxers		Trazodone (Oleptro)	<input type="checkbox"/>
Adinazolam (Deracyn)	<input type="checkbox"/>	Carisoprodol (Soma)	<input type="checkbox"/>	Triazolam (Halcion)	<input type="checkbox"/>
Clonazepam (Klonopin)	<input type="checkbox"/>	Cyclobenzaprine (Flexeril)	<input type="checkbox"/>	Trifluoperazine (Eskazinyl)	<input type="checkbox"/>
Diazepam (Valium)	<input type="checkbox"/>	Tricyclic Antidepressants		Trimipramine (Surmontil)	<input type="checkbox"/>
Flunitrazepam (Rohypnol)	<input type="checkbox"/>	Amitriptyline	<input type="checkbox"/>	Venlafaxine (Effexor)	<input type="checkbox"/>
Flurazepam	<input type="checkbox"/>	Desipramine	<input type="checkbox"/>	Ziprasidone (Geodon)	<input type="checkbox"/>
Lorazepam (Ativan)	<input type="checkbox"/>	Imipramine	<input type="checkbox"/>	Zopiclone (Zimovane)	<input type="checkbox"/>
Midazolam (Versed, Hynovel, Dormicum)	<input type="checkbox"/>	Nicotine		Stimulants <input type="checkbox"/> ALL	
Oxazepam (Serax)	<input type="checkbox"/>	Cotinine	<input type="checkbox"/>	Phentermine (Adipex-P)	<input type="checkbox"/>
Temazepam(Restoril)	<input type="checkbox"/>	Cannabinoid		Methylphenidate (Ritalin, Concerta)	<input type="checkbox"/>
		THC	<input type="checkbox"/>	Alcohol Metabolites	
				Ethyl Glucuronide, Ethyl Sulfate	<input type="checkbox"/>

THE PROVIDER SHOULD ONLY SELECT THOSE TEST(S) FOR WHICH MEDICAL NECESSITY EXISTS AND IS DOCUMENTED IN THE PATIENT CHART. THE PROVIDER REPRESENTS THE TESTING SELECTED ON THE REQUISITION IS MEDICALLY NECESSARY FOR THE PATIENT

I certify that I am providing a urine sample for analysis. I certify that the specimen identified on this form is my own, and that the specimen is neither contaminated nor altered. I certify that the information on this form is accurate. I authorize Doctors General Laboratory to bill my insurance on my behalf and that benefits be paid directly to Doctors General Laboratory. I authorize Doctors General Laboratory to release the necessary information for billing, as well as release results to my provider. I understand that Doctors General Laboratory may be an out of network provider with my insurer/health plan. If my insurer releases payment directly to me, I consent to endorse payment and forward to Doctors General Laboratory within 30 days of receipt.

Provider Signature: _____ Patient Signature: _____ Date: _____