Texas Scientific, LLC.

CLIA#:45D2309164
COLA#: 33783

3818 Fuqua Street,
Houston, TX 77047
Phone:3462122730
Website: TexasSci.com

Toxicology Test Requisition Form

Place barcode label here

Please attach the following documents with this test order:

❒ Demographics ❒ Insurance

❒ Medical Necessity ❒ Medication List

❒ SOAP Notes

❒ Visit History Notes

Patient Information

Failure to fill in information may result in a delay of processing specimens

Last Name: _____ **First Name:** _____ **Date of Birth:** _____

Email: _____ **Gender:** ❒ Male ❒ Female Phone No._____

Address:

_____

City: _____ **State:** _____ **Zip:** _____

I certify that I provided my specimen to the collector; that I have not adulterated in any manner; the specimen container used was sealed with a tamper-evident seal in my presence, and that the information I provided is accurate.

Signature of Donor:

Specimen Collection Information

Sample Type: ❒ Urine ❒ Saliva ❒ Hair

Date: ____ /____ /_____ **Time:** _____ ❒ AM ❒ PM

Collector's Name:

_____

Place of Collection: ❒ Office ❒ Lab ❒ Home

90 and 100ºF / 32 and 38ºC: ❒ Yes ❒ No: if no, actual temperature

_____ **ºF / ºC**

Attach Patient Demographics and Copy of Insurance card (Front and Back)

❒ Bill to Patient ❒ Bill to Client _____

❒ Insurance verified Relationship: ❒ Self ❒ Parent ❒ Spouse

❒ Medicare Primary Insurance: _____

❒ Medicaid Member ID: _____ Group ID: _____

❒ 3rd Party ❒ Workers' Comp: DOI: _____ / _____ / _____

Diagnosis Codes

❒ **F11.20** Opioid dependence, uncomplicated
❒ **F11.99** Opioid use, unsp with unspecified opioid-induced disorder
❒ **Z02.83** Encounter for blood-alcohol and blood-drug test
❒ **Z71.51** Drug abuse counseling and surveillance of drug abusers
❒ **Z79.891** Long term (current) use of opiate analgesic
❒ **Z79.899** Other long term (current) drug therapy
❒ _____ ❒ _____

Chain of custody- initiated by Collector and Completed by Laboratory

I certify that the specimen given to me by the donor was collected, labeled, sealed properly and released to the Delivery Service.

Signature of Collector: _____ **Date:**_____

Received at Lab by:_____ **Date:** _____ **Container Seal Intact** ❒ Yes ❒ No, enter remark_____

Prescribed Medications (attached patient medications list)

Or specify here:

Medical Necessity: ☐ **Baseline Testing** ☐ **Periodic Monitoring** ☐ **Target Testing**

Qualitative Screening- in Office POCT

Screening	+	-		+	-		+	-		+	-		+	-
6-AM			Barbiturates			Cannabinoids			Ketamine			Opiates		
Amphetamines			Benzodiazepines			Cocaine			Methadone			Oxycodone		
Alcohol			Buprenorphine			Fentanyl			MDMA			Xylazine		

Select testing options below (Validity will be performed on all the specimens)

❒ **Perform "Screen the above list", "Confirm screen positives, prescription medications, and selected confirmation test menu below"**

CONFIRMATION TEST MENU

❒ **Alcohol Biomarkers** *Ethyl Glucuronide (EtG); Ethyl Sulfate (EtS)*	❒ **Alkaloids** *Nornicotine; Cotinine (metabolite of nicotine)*
❒ **Antidepressants, Tricyclics** *Amitriptyline (Amitrip, Elavil); Desipramine (Norpramin); Doxepin (Silenor, SINEquan, Zonalon); Desmethyldoxepin; Imipramine (Tofranil, Tofranil-PM); Nortriptyline (Aventyl, Pamelor);*	❒ **Antidepressants, not otherwise specified** *Duloxetine (Cymbalta, Drizalma Sprinkle, Irenka); Venlafaxine (Effexor); Desmethylvenlafaxine; Maprotiline*
❒ **Antihistamine** *Diphenhydramine (Benadryl, Tylenol PM, Advil PM, Excedrin PM); Promethazine (Phenergan, Phenadoz)*	❒ **Anticonvulsants** *Gabapetin (Gralise, Gabarone, Neurontin); Pregabalin (Lyrica)*
❒ **Antipsychotics** *Aripiprazole (Abilify); Dehydro Aripiprazole; Clozapine (Clozaril, FazaClo, Versacloz); Haloperidol (Haldol, Peridol); Olanzapine (Zyprexa); Quetiapine*	❒ **Antidepressants, Serotonergic** *ipraCitalopram (Celexa); Desmethylcitalopram; Fluoxetine (Prozac);*

(Seroquel); Quetiapine carboxylic acid; Risperidone (Risperdal, Ridal, Riscalin); Ziprasidone (Geodon)	*Norfluoxetine; Methaqualone; Paroxetine (Paxil); Sertraline (Zoloft); Norsertraline; mCPP; Trazodone (Desyrel and Oleptro)*
❒ **Buprenorphine** *Buprenorphine (Belbuca, Buprenex, Butrans, Sublocade, Subutex); Norbuprenorphine*	❒ **Barbiturates** *Amobarbital (Amylobarbitone, Sodium Amytal); Butabarbital (Butisol), Barbital; Butalbital (Esgic, Fioricet, Fiorinal, Sandoptal); Pentobarbital; Phenobarbital (Luminal); Primidone (Mysoline, Prysoline, Liskantin); Secobarbital*
❒ **Benzodiazepines** *Alprazolam (Xanax); Hydroxyalprazolam; Aminoclonazepam (Klonopin Metabolite); Diazepam* (Valium); Nordiazepam (Nordaz); Flurazepam (Falmane, Salmadorm); Hydroxyethylflurazepam (Dalmane, Dalmadorm); Flunitrazepam (Rohypnol); Aminoflunitrazepam; Lorazepam (Ativan, Orfidal, Loreev XR); Delorazepam; Midazolam (Versed); Hydroxymidazolam; Nitrazepam; Oxazepam (Serax); Prazepam (Centrax); Temazepam (Restoril); Triazolam (Halcion, Hypam, Trilam); Hydroxytriazolam*	❒ **Opiates/Opioid Agonists** *Buprenorphine (Subutex); Norbuprenorphine; Codeine (Tylenol 2, 3, 4); Norcodeine; Hydrocodone (Norco, Vicodin, Lortab); Norhydrocodone; Hydromorphone (Dilaudid, Exalgo); Morphine (Astramorph, Oramorph); Normorphine; Meperidine (Demerol, Meperitab); Normeperidine; Nalbuphine (Nubain); Naltrexone (Revia, Depade, Vivitrol); Naloxone (Evzio, Narcan); Oxycodone (Oxycontin); Noroxycodone; Oxymorphone (Opana); Noroxymorphone; Pentazocine; Propoxyphene; Norpropoxyphene; Tramadol (Ultram); Desmethyltramadol; Dextromethorphan*
❒ **Cannabinoids, natural** *THC; THC-COOH (Cannabis Metabolite)*	❒ **Cannabinoids, synthetic** *JWH 018 N-(4-hydroxypentyl) metabolite (JWH-018, K2/Spice); JWH-073 N-(4-hydroxybutyl) metabolite (JWH-073, K2/Spice)*
❒ **Cocaine Metabolite** *Benzoylecgonine (Cocaine Metabolite); Cocaethylene; Cocaine*	❒ **Fentanyl** *Fentanyl (Actiq, Duragesic, Fentora, Sublimaze); Norfentanyl; Xylazine*
❒ **Gabapentin** *Gabapentin (Neurontin)*	❒ **Heroin Metabolite** *6-Acetylmorphine (6-AM); Heroin*
❒ **Ketamine** *Ketamine (Ketanest, Ketaset and Ketalar); Norketamine*	❒ **Meprobamate** *Meprobamate (Equanil, Miltown, Meprospan)*
❒ **Methadone** *Methadone (Dolophine, Methadose); EDDP (Methadone Metabolite)*	❒ **Methylenedioxyamphetamines** *MDA (Sally); MDMA (Ecstasy)*
❒ **Oxycodone and Oxymorphone** *Oxycodone (Roxicodone, OxyContin); Noroxycodone; Oxymorphone (Numorphan, Opana)*	❒ **Anti-ADHD** *Amphetamine (Adderall); Methamphetamine (Desoxyn); Nortriptyline (Pamelor); Phentermine (Ionamin, Sentis)*
❒ **Pregabalin** *Pregabalin (Lyrica)*	❒ **Propoxyphene** *Propoxyphene (Darvon, PPX); Norpropoxyphene*
❒ **Sedative Hypnotics (non-benzodiazepines)** *Zaleplon (Sonata); Zolpidem (Ambien); Zopiclone (Imovane, Zimovane); Desmethylzopiclone*	❒ **Skeletal Muscle Relaxants** *Carisoprodol (Soma); Cyclobenzaprine (Amrix, Flexeril)*
❒ **Stimulants** *Amphetamine (Addreal); Methamphetamine (Desoxyn); MDA; MDEA; MDMA (Ecstasy); MDPV; Methylphenidate (Ritalin); Mitragynine (Kratom); α-PVP; Ritalinic acid; Phentermine (Adipex-P, Lomaira)); Phencyclidine (PCP, Angel Dust)*	❒ **Bath salts_Ylone** *Butylone (bk-MBDB or B1); Dibutylone; Eutylone; Methylone; Pentylone* ❒ ***Others specify here:***

Consent for Testing

I acknowledge that this specimen was provided voluntarily for analysis by TSL. I authorize TSL to release the test results to the ordering healthcare provider. I further authorize the lab and my healthcare provider to release to my insurance provider any medical information necessary to process the claim. I authorize TSL to administer results on my behalf and to bill my health insurance provider for services provided to me. I authorize my ordering healthcare provider, as well as my insurance company, to release to TSL and its agents any information needed to determine benefits for laboratory services. I acknowledge and understand payment(s) for services may be made on my behalf by my health insurance provider to TSL.

Patient Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date:_____

Physician Information

I hereby authorize testing for this patient and patient has given consent for testing to be performed. I understand that each test I order is a billable event and the patient's medical record(s) must clearly reflect my order. I certify that the ordered test is reasonable and medically necessary for diagnosis, care, and treatment of this patient's condition.
I authorize TSL to release the test results and relevant medical information to the patient's insurance carrier as a part of the coverage and reimbursement process.

Physician Signature: _____

Date: _____

Specimen Stability

It is recommended to ship the specimen to the lab at room temperature the same day of collection. Below is the urine sample stability under different storage conditions:

- Room temperature for 7 days
- Refrigerator for 14 days
- Freezer for 30 days

*Confirmation by LC-MS/MS involves parent drugs and/or metabolites.