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| **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 |

**A blue and white logo

AI-generated content may be incorrect.**

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| |  | | --- | | **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  **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:** \_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_  **Race:**  White  American Indian or Alaska Native  Asian  Black African American  Native Hawaiian or other Pacific Islander  Other | | | | | |  | | --- | | **Specimen Collection Information** | | **Sample Type:**  Urine  Saliva  **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 Insurance Information** | |  | **Diagnosis Codes\*** | |
|  Bill to Patient   Insurance verified   Medicare   Medicaid   3rd Party  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Bill to Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship:  Self  Parent  Spouse  Primary Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Workers’ Comp: DOI: \_\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  **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   \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Prescribed Medications (attached patient medications list)** |
| **Or specify here:** |
| **Medical Necessity:  Baseline Testing  Periodic Monitoring  Target Testing** |
| **Select one of the testing options below:** |
|  **Perform “Screen”, “Confirm\* screen positives, prescription medications, and selected confirmation test menu below”**   **Perform Screen and Confirm\* all the confirmation test menu listed below** |

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| |  |  |  |  | | --- | --- | --- | --- | | **TOXICOLOGY 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 (Seroquel); Quetiapine carboxylic acid; Risperidone (Risperdal, Ridal, Riscalin);* *Ziprasidone (Geodon)* |  | **Antidepressants, Serotonergic**  *ipraCitalopram (Celexa); Desmethylcitalopram; Fluoxetine (Prozac); 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-COOH (Cannabis Metabolite), THC* |  | **Cannabinoids, synthetic**  *JWH-073 3-Hydroxybutyl(JWH-073 Metabolite);* | |  | **Cocaine Metabolite**  *Benzoylecgonine (Cocaine Metabolite);* *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**  *Etomidate; GHB (Xyrem); LSD; 2-Oxo-3-hydroxy-LSD; Xylazine; Tapentadol (Nucynta)* | | | |

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| **Consent for Testing** | Physician Information |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | I understand that each test I order is a billable event and  patient’s medical record(s) must clearly reflect my order.  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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. |