|  |  |
| --- | --- |
| **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  |

****

**Texas Scientific Laboratory**

3818 Fuqua Street,

Houston, TX 77047 Phone:3462122730

Website: TexasSci.com

CLIA#:45D2309164

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **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  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |
| --- |
| **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** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **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)* |

 |

|  |  |
| --- | --- |
|  **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **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.   |