

Ordering Physician: \_\_\_\_\_ Name of Practice: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Address: \_\_\_\_\_

**ICD Code(s)**

Ordering Physician Signature

**Patient Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Sex:  M  F  Insurance: \_\_\_\_\_  Self-Pay

\*INCLUDE COPY OF INSURANCE CARD

**NO PRESCRIBED MEDICATIONS**  **MEDICATION PRESCRIBED** (ATTACH PATIENT'S MEDICATION LIST OR LIST BELOW)

Prescribed Medication(s): \_\_\_\_\_

I CERTIFY THAT I HAVE PROVIDED MY SPECIMEN TO THE COLLECTOR, THAT I HAVE NOT ADULTERATED IT IN ANY MANNER, AND THAT THE INFORMATION PROVIDED ON THIS FORM AND ON THE LABEL AFFIXED TO EACH SPECIMEN IS CORRECT. I AUTHORIZE THE RELEASE OF THE RESULTS TO THE ORDERING CLINICIAN & STAFF. I AUTHORIZE HELIOSDX LABS TO RELEASE ANY INFORMATION REQUIRED FOR BILLING PURPOSES. I AUTHORIZE PAYMENT DIRECTLY TO HELIOSDX. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR PAYMENTS SHOULD INSURANCE BE DENIED, PARTIALLY PAID OR CO-PAYMENTS REQUIRED.

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

Date and Time of Collection: \_\_\_/\_\_\_/\_\_\_ :\_\_\_ Collector Initials: \_\_\_\_\_ \*ALL URINE SAMPLES MUST HAVE PATIENT'S NAME AND DATE OF BIRTH ON CUP

**POC Test Results**

- POC Testing was NOT performed.
- Initial drug screen was performed and will be billed at the provider's office.

<b>POC Screening:</b>	<input type="checkbox"/> Buprenorphine	<input type="checkbox"/> Methamphetamines	<input type="checkbox"/> THC
<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Opiates	<input type="checkbox"/> Tricyclic Antidepressants (TCA)
<input type="checkbox"/> Barbiturates	<input type="checkbox"/> MDMA	<input type="checkbox"/> Oxycodone	<input type="checkbox"/> Other 1: _____
<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Methadone	<input type="checkbox"/> PCP	<input type="checkbox"/> Other 2: _____

**URINE TOXICOLOGY TEST MENU**

**DISCLAIMER:** Per CMS's National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits, presumptive testing cannot be reported with confirmation testing for samples collected on the same date of service. Test A. and B. provided on this requisition cannot be selected simultaneously.

**TEST OPTIONS**

Order both Screen and Confirmation (all analytes included, see below)

**SCREEN**  Order Screen testing only for all analytes

- Amphetamines  Benzodiazepines  Cocaine  Methadone  Nicotine  pH
- Barbiturates  Cannabinoid  Creatinine  Opiates  Oxycodone  EtOH

**CONFIRMATION**  Order Confirmation testing only for all analytes

- |   |   |   |   |
|---|---|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Anticonvulsants/Antipsychotics</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gabapentin <input type="checkbox"/> Risperidone</li> <li><input type="checkbox"/> Pregabalin</li> </ul> </li> <li><input type="checkbox"/> <b>Antidepressants/Anti-Anxiety</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Amitriptylin <input type="checkbox"/> Nortriptyline</li> <li><input type="checkbox"/> Duloxetine <input type="checkbox"/> Sertraline</li> <li><input type="checkbox"/> Fluoxetine <input type="checkbox"/> Venlafaxine</li> <li><input type="checkbox"/> Imipramine</li> </ul> </li> <li><input type="checkbox"/> <b>Barbiturates</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Butalbital <input type="checkbox"/> Phenobarbital</li> </ul> </li> <li><input type="checkbox"/> <b>Benzodiazepines</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 7-Aminoclonazepam <input type="checkbox"/> Lorazepam</li> <li><input type="checkbox"/> Alpha-Hydroxylprazolam <input type="checkbox"/> Nordiazepam</li> <li><input type="checkbox"/> Alprazolam <input type="checkbox"/> Oxazepam</li> <li><input type="checkbox"/> Clonazepam <input type="checkbox"/> Temazepam</li> <li><input type="checkbox"/> Diazepam</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Illicit Drugs</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 6-MAM <input type="checkbox"/> MDMA</li> <li><input type="checkbox"/> Benzoylcegonine <input type="checkbox"/> Methamphetamine</li> <li><input type="checkbox"/> Flunitrazepam <input type="checkbox"/> PCP</li> <li><input type="checkbox"/> MDA <input type="checkbox"/> THC</li> <li><input type="checkbox"/> MDEA</li> </ul> </li> <li><input type="checkbox"/> <b>Muscle Relaxants</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Carisoprodol <input type="checkbox"/> Meprobamate</li> <li><input type="checkbox"/> Cyclobenzaprine</li> </ul> </li> <li><input type="checkbox"/> <b>Narcotic Pain Relievers</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Norpropoxyphene</li> </ul> </li> <li><input type="checkbox"/> <b>Opiate (Narcotic) Analgesics</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tapentadol</li> </ul> </li> <li><input type="checkbox"/> <b>Opioid Agonists/Antagonists</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> EDDP <input type="checkbox"/> Naloxone</li> <li><input type="checkbox"/> Methadone <input type="checkbox"/> Naltrexone</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Opiates/Opioids</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Buprenorphine</li> <li><input type="checkbox"/> Codeine</li> <li><input type="checkbox"/> Fentanyl</li> <li><input type="checkbox"/> Hydrocodone</li> <li><input type="checkbox"/> Hydromorphone</li> <li><input type="checkbox"/> Meperidine</li> <li><input type="checkbox"/> Morphine</li> <li><input type="checkbox"/> N-Desmethyltapentadol</li> <li><input type="checkbox"/> Norbuprenorphine</li> <li><input type="checkbox"/> Norfentanyl</li> <li><input type="checkbox"/> Norhydrocodone</li> <li><input type="checkbox"/> Normeperidine</li> <li><input type="checkbox"/> Noroxycodone</li> <li><input type="checkbox"/> O-Desmethyltramadol</li> <li><input type="checkbox"/> Oxycodone</li> <li><input type="checkbox"/> Oxymorphone</li> <li><input type="checkbox"/> Propoxyphene</li> <li><input type="checkbox"/> Tramadol</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Stimulants</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Amphetamine <input type="checkbox"/> Phentermine</li> <li><input type="checkbox"/> Methylphenidate <input type="checkbox"/> Ritalinic Acid</li> </ul> </li> <li><input type="checkbox"/> <b>Tricyclic Antidepressants (TCA)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Doxepin</li> </ul> </li> <li><input type="checkbox"/> <b>ETG/ETS</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ETG</li> <li><input type="checkbox"/> ETS</li> </ul> </li> </ul> |
|---|---|---|---|

**MEDICAL NECESSITY (If not marked, specimen will be returned)**

**Best Practices** - Testing for drugs of abuse and adherence to the treatment plan is a recognized best practices component of proper management when COT is involved. Valid risk assessment and PMP are noted in patient medical records.

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