



PRACTICE INFORMATION

Patient Information (PLEASE PRINT)

	Last Name		First Name		MI	
	Male <input type="checkbox"/>	Female <input type="checkbox"/>	D.O.B.		Age:	
	Address (Street)			Apt#	Floor	Room#
	City		State	Zip		
Physician	Date Ordered		Telephone#		Client Chart / Pt. ID#	

Billing Information*	<input type="checkbox"/> Bill Medicare	<input type="checkbox"/> Bill Medicaid	<input type="checkbox"/> Bill Insurance	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER
Insurance Name	Insurance ID #	Group #/Category #	Insured Name (if different from patient)	
Insurance Address	City	State	Zip	Telephone #
ICD9/Diagnosis Codes	Doctor's Signature			

Specimen Information		<input type="checkbox"/> Call results to:	<input type="checkbox"/> Fax results to:
Date collected	Time: AM <input type="checkbox"/> PM <input type="checkbox"/>	()	()
Fasting: ___ hrs			

A Custom Profile
You must select an option below; if you have not established a custom profile, Quality Laboratories will perform tests as ordered below.

Use Custom Profile: Perform additional tests, if ordered below
 Do not Use Custom Profile: Perform tests only as ordered below

ORDER TESTS

B Record Point-of-Care Results and Order Tests

NOTE: If Point-of-Care result is NOT marked it will default to a Negative(-) result.

MEDICATION OR DRUG	Pos(+)	NEG(-)	CONFIRM RESULTS (1)
1. Cocaine (COC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Opiates (OPI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Amphetamines (AMP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICATION OR DRUG	Pos(+)	NEG(-)	CONFIRM RESULTS (1)
4. Methamphetamine (MET)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Benzodiazepines (BZO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Marijuana (THC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Phencyclidine (PCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ecstasy (MAMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Tricyclic Antidepressants (TCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICATION OR DRUG	Pos(+)	NEG(-)	CONFIRM RESULTS (1)
10. Oxycodone (OXY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Buprenorphine (BUP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Methadone (MTD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Barbiturates (BAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PATIENT PRESCRIBED MEDICATIONS

Medication list attached. Indicating a medication in this section DOES NOT constitute a test request

<input type="checkbox"/> ADDERALL	<input type="checkbox"/> BUTRANS (12)	<input type="checkbox"/> CYCLOBENZAPRINE	<input type="checkbox"/> FIORICET	<input type="checkbox"/> HYDROCODONE/APAP	<input type="checkbox"/> METHYLPHENIDATE	<input type="checkbox"/> OXYCODONE	<input type="checkbox"/> TAPENTADOL	Additional Medications: _____ _____ _____
<input type="checkbox"/> ALPRAZOLAM	<input type="checkbox"/> CARISOPRODOL	<input type="checkbox"/> DEMEROL	<input type="checkbox"/> FIORINAL	<input type="checkbox"/> HYDROMORPHONE	<input type="checkbox"/> MORPHINE	<input type="checkbox"/> OXYMORPHONE	<input type="checkbox"/> TEMAZEPAM	
<input type="checkbox"/> AMITRIPTYLINE	<input type="checkbox"/> CITALOPRAM	<input type="checkbox"/> DIAZEPAM	<input type="checkbox"/> FLEXERIL	<input type="checkbox"/> LORAZEPAM	<input type="checkbox"/> MSIR	<input type="checkbox"/> PAROXETINE	<input type="checkbox"/> TRAMADOL	
<input type="checkbox"/> ARIPIPIRAZOLE	<input type="checkbox"/> CLONAZEPAM	<input type="checkbox"/> DULOXETINE	<input type="checkbox"/> FLUOXETINE	<input type="checkbox"/> LYRICA	<input type="checkbox"/> NALTREXONE	<input type="checkbox"/> PREGABALIN	<input type="checkbox"/> VENLAFAXINE	
<input type="checkbox"/> BUPRENORPHINE	<input type="checkbox"/> CLOZAPINE	<input type="checkbox"/> DURAGESIC	<input type="checkbox"/> GABAPENTIN	<input type="checkbox"/> MEPERIDINE	<input type="checkbox"/> NEURONTIN	<input type="checkbox"/> QUETIAPINE	<input type="checkbox"/> VICODIN	
<input type="checkbox"/> BUPROPION	<input type="checkbox"/> CODEINE	<input type="checkbox"/> FENTANYL	<input type="checkbox"/> HALOPERIDOL	<input type="checkbox"/> METHADONE	<input type="checkbox"/> NORTRIPTYLINE	<input type="checkbox"/> SUBOXONE	<input type="checkbox"/> ZOLPIDEM	

An inconsistent result may be reflected on the RADAR™ report if a complete list of patient's prescribed medications is not provided.

C Order Tests

<input type="checkbox"/> H01 ALCOHOL <input type="checkbox"/> H002 AMPHETAMINE <input type="checkbox"/> H102 AMPHETAMINE <input type="checkbox"/> H103 METHAMPHETAMINE <input type="checkbox"/> H104 METHYLPHENIDATE (RITALIN) <input type="checkbox"/> H003 ANTICONVULSANTS/DEPRESSANTS <input type="checkbox"/> H105 GABAPENTIN <input type="checkbox"/> H106 PREGABALIN <input type="checkbox"/> H107 AMITRIPTYLINE <input type="checkbox"/> H108 DULOXETINE <input type="checkbox"/> H109 NORTRIPTYLINE <input type="checkbox"/> H111 PAROXETINE <input type="checkbox"/> H112 VENLAFAXINE <input type="checkbox"/> H005 BARBITURATES <input type="checkbox"/> H113 BARBITURATES <input type="checkbox"/> H006 BENZODIAZEPINES <input type="checkbox"/> H114 ALPRAZOLAM	<input type="checkbox"/> H115 ALPHA-HYDROXYALPRAZOLAM <input type="checkbox"/> H116 7-AMINOCLOAZEPAM <input type="checkbox"/> H117 7 AMINO FLUNITRAZEPAM <input type="checkbox"/> H118 DESMETHYL-FLUNITRAZEPAM <input type="checkbox"/> H119 HYDROXYETHYL-FLURAZEPAM <input type="checkbox"/> H120 LORAZEPAM <input type="checkbox"/> H121 ALPHA-HYDROXYMIDAZOLAM <input type="checkbox"/> H122 NORDIAZEPAM <input type="checkbox"/> H123 OXAZEPAM <input type="checkbox"/> H124 TEMAZEPAM <input type="checkbox"/> H125 ALPHA-HYDROXYTRIAZOLAM <input type="checkbox"/> H007 ILLICITS <input type="checkbox"/> H126 6MAM (HEROIN METABOLITE) <input type="checkbox"/> H127 ACETYL FENTANYL <input type="checkbox"/> H129 BENZOYLECGONINE (COCAINE) <input type="checkbox"/> H131 NORKETAMINE <input type="checkbox"/> H132 DEHYDRO NORKETAMINE <input type="checkbox"/> H133 MDA <input type="checkbox"/> H134 MDEA	<input type="checkbox"/> H135 MDMA (ECSTASY) <input type="checkbox"/> H136 PHENCYCLIDINE (PCP) <input type="checkbox"/> H137 THC <input type="checkbox"/> H138 MITRAGYNNINE (KRATUM) <input type="checkbox"/> H008 ILLICITS: CATHINONES(BATH SALTS) <input type="checkbox"/> H139 BUTYLONE <input type="checkbox"/> H140 ETHYLONE <input type="checkbox"/> H141 METHYLONE <input type="checkbox"/> H142 MDPV <input type="checkbox"/> H143 MEPHEDRONE <input type="checkbox"/> H009 ILLICITS: SYNTHETIC <input type="checkbox"/> H145 JWH 073 <input type="checkbox"/> H146 JWH 018 <input type="checkbox"/> H147 JWH 250 <input type="checkbox"/> H010 MUSCLE RELAXANTS <input type="checkbox"/> H148 CARISOPRODOL <input type="checkbox"/> H149 CYCLOBENZAPRINE <input type="checkbox"/> H151 MEPROBAMATE <input type="checkbox"/> H011 OPIOIDS: NATURAL	<input type="checkbox"/> H152 CODEINE <input type="checkbox"/> H153 MORPHINE <input type="checkbox"/> H012 OPIOIDS: SEMI-SYNTHETIC <input type="checkbox"/> H154 BUPRENORPHINE <input type="checkbox"/> H155 NORBUPRENORPHINE <input type="checkbox"/> H156 HYDROCODONE <input type="checkbox"/> H157 HYDROMORPHONE <input type="checkbox"/> H158 OXYCODONE <input type="checkbox"/> H159 OXYMORPHONE <input type="checkbox"/> H013 OPIOIDS: SYNTHETIC <input type="checkbox"/> H160 FENTANYL <input type="checkbox"/> H161 NORFENTANYL <input type="checkbox"/> H162 DEMEROL (MEPERIDINE) <input type="checkbox"/> H163 NORDEMOROL <input type="checkbox"/> H164 METHADONE <input type="checkbox"/> H165 EDDP <input type="checkbox"/> H166 NALOXONE <input type="checkbox"/> H167 NALTREXONE <input type="checkbox"/> H168 BETA NALTREXOL	<input type="checkbox"/> H014 NON OPIOID:ANALGESICS <input type="checkbox"/> H169 ACETAMINOPHEN <input type="checkbox"/> H170 TRAMADOL <input type="checkbox"/> H171 0-DESMETHYL-TRAMADOL <input type="checkbox"/> H172 TAPENTADOL <input type="checkbox"/> H173 DESMETHYL-TAPENTADOL <input type="checkbox"/> H015 NON BENZODIAZEPINE <input type="checkbox"/> HYPNOTIC <input type="checkbox"/> H174 ZALEPLON <input type="checkbox"/> H175 ZOLPIDEM <input type="checkbox"/> H176 ZOPICLONE/ ESZOPICLONE <input type="checkbox"/> H200 URINE TEST <input type="checkbox"/> H177 CREATININ <input type="checkbox"/> H178 PH <input type="checkbox"/> H179 SPECIFIC GRAVITY <input type="checkbox"/> H180 OXIDANTS <input type="checkbox"/> H199 SPECIMEN VALIDITY <input type="checkbox"/> H200 URINE TEST <input type="checkbox"/> H005 BARBITURATES	<input type="checkbox"/> H001 ALCOHOL <input type="checkbox"/> H137 THC <input type="checkbox"/> H202 SUBOXONE <input type="checkbox"/> H154 BUPRENORPHINE <input type="checkbox"/> H155 NORBUPRENORPHINE <input type="checkbox"/> H166 NALOXONE <input type="checkbox"/> H189 CONFIRMATION PANEL <input type="checkbox"/> (INCLUDES ALL TESTS ABOVE)
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D Order Specimen Validity (14)

PERFORM DO NOT PERFORM

H199 Specimen Validity Testing Specimen Validity Testing

SPECIAL INSTRUCTIONS

PLEASE REVIEW REVERSE SIDE FOR IMPORTANT NOTES

I certify that I have voluntarily provided a fresh and unadulterated urine specimen for analytical testing. The information provided on this form and on the label affixed to the specimen cup is accurate. I authorize Quality Laboratory Service (QLS) to release the result of this testing to the treating authorized healthcare provider or facility. I hereby authorize my insurance benefits to be paid directly to Quality Laboratory Service (QLS) for services I received. I acknowledge that Quality Laboratory Service (QLS) may be an out-of-network provider with my insurer. I am also aware that in some circumstances my insurer will send the payment directly to me. I agree to endorse the insurance check and forward it to Quality Laboratory Service (QLS) within 30 days of receipt. Failure to do so may result in my account being forwarded to collections and reported to a credit bureau. I understand that Quality Laboratory Service (QLS) may use my specimen and any testing performed on that specimen, for research, development and potential publication purposes, so long as the information has been properly de-identified pursuant to law.

PATIENT AUTHORIZATION (TRADUCCIÓN EN ESPAÑOL EN EL REVERSO)

Patient Signature: _____ Authorized Healthcare Provider Signature: _____