

Practice Information	Patient Information
Ordering Physician: _____ X _____ Provider's Signature Date: _____ The ordering physician or his/her authorized representative must sign his/her name and indicate the date the test is ordered. This signature constitutes a certification that, with respect to tests reimbursed with Medicare or other third-party payers, the testing is medically necessary and the results will be used in the management of the patient.	Last Name: _____ First Name: _____ MI: _____ SSN: _____ - ____ - ____ <input type="radio"/> F <input type="radio"/> M DOB: ____/____/____ Phone: (____) _____ Address: _____ City: _____ State: _____ ZIP: _____
Billing Information	
Diagnosis Code(s) _____ <input type="radio"/> Medicare <input type="radio"/> Medicaid <input type="radio"/> Workers Comp <input type="radio"/> No fault <input type="radio"/> Commerical <input type="radio"/> Self Date of Injury (Workers Comp/No Fault) ____/____/____ <input type="radio"/> AOB attached (No Fault)	
Primary Insurance Carrier: _____ Policy I.D. #: _____ Group: _____ Name of Insurance Holder: _____ Holder DOB: _____ Phone: _____ Insurance Address: _____	
Secondary Insurance Carrier: _____ Policy I.D. #: _____ Group: _____ Name of Insurance Holder: _____ Holder DOB: _____ Phone: _____ Insurance Address: _____	
Specimen Information	Patient Information
Date Collected: _____ By: _____ Time: _____ <input type="radio"/> AM <input type="radio"/> PM	Phone: _____ Insurance Address: _____

Confirm Prescribed Medications Brand Name (Chemical Name) <input type="checkbox"/> Check Here to Confirm Medications			
<input type="checkbox"/> Abilify (Aripiprazole)	<input type="checkbox"/> Demoral (Meperidine)	<input type="checkbox"/> Klonopin (Clonazepam)	<input type="checkbox"/> Phenobarbital
<input type="checkbox"/> Adderall (Amphetamine)	<input type="checkbox"/> Dilaudid (Hydromorphone)	<input type="checkbox"/> Lortab (Hydrocodone)	<input type="checkbox"/> Prozac (Fluoxetine)
<input type="checkbox"/> Ambien (Zolpidem)	<input type="checkbox"/> Dolophine (Methadone)	<input type="checkbox"/> Lyrica (Pregabalin)	<input type="checkbox"/> Remeron (Mirtazapine)
<input type="checkbox"/> Ativan (Lorazepam)	<input type="checkbox"/> Duragesic (Fentanyl)	<input type="checkbox"/> MS Contin (Morphine)	<input type="checkbox"/> Revia (Naltrexone)
<input type="checkbox"/> Butisol (Butabarbital)	<input type="checkbox"/> Effexor (Venlafaxine)	<input type="checkbox"/> Neurontin (Gabapentin)	<input type="checkbox"/> Risperdal (Risperidone)
<input type="checkbox"/> Celexa (Citalopram)	<input type="checkbox"/> Elavil (Amitriptyline)	<input type="checkbox"/> Nucynta (Tapentadol)	<input type="checkbox"/> Ritalin (Methylphenidate)
<input type="checkbox"/> Clozaril (Clozapine)	<input type="checkbox"/> Flexeril (Cyclobenzaprine)	<input type="checkbox"/> Paxil (Paroxetine)	<input type="checkbox"/> Seroquel (Quetiapine)
<input type="checkbox"/> Cymbalta (Duloxetine)	<input type="checkbox"/> Haldol (Haloperidol)	<input type="checkbox"/> Percocet (Oxycodone)	<input type="checkbox"/> Soma (Carisoprodol)
<input type="checkbox"/> Sonata (Zaleplon)	<input type="checkbox"/> Viibryd (Vilazodone)	<input type="checkbox"/> Suboxone (Naloxone)	<input type="checkbox"/> Wellbutrin (Bupropion)
<input type="checkbox"/> Subutex (Buprenorphine)	<input type="checkbox"/> Xanax (Alprazolam)	<input type="checkbox"/> Trazodone	<input type="checkbox"/> Zoloft (Sertraline)
<input type="checkbox"/> Tylenol (Acetaminophen)	<input type="checkbox"/> Zyprexa (Olanzapine)	<input type="checkbox"/> Tylenol 3 (Codeine)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ultram (Tramadol)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Valium (Diazepam)	<input type="checkbox"/> Other: _____

Presumptive Immunoassay Testing	Confirmation Testing Panels	Point-of-Care Testing/ Order Confirmation Testing																																																						
<input type="checkbox"/> Presumptive Drug Screen Test <input type="checkbox"/> Presumptive Drug Screen With Reflex to Confirmation <input type="checkbox"/> Specimen Validity (pH, Creatinine, Specific Gravity, Oxidant, Nitrite)	<input type="checkbox"/> Toxicology Panel (Tox) <input type="checkbox"/> Psychiatric Panel (Psych) <input type="checkbox"/> Barbiturate Panel (Barb) <input type="checkbox"/> Alcohol Metabolites (Alc) <input type="checkbox"/> Oral Fluid Panel (OFPanel)	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #0070C0; color: white;"> <th colspan="3">Drug</th> <th colspan="3">Pos(+)</th> <th colspan="3">Neg (-)</th> </tr> <tr style="background-color: #0070C0; color: white;"> <th>Drug</th> <th>Pos(+)</th> <th>Neg (-)</th> <th>Drug</th> <th>Pos(+)</th> <th>Neg (-)</th> <th>Drug</th> <th>Pos(+)</th> <th>Neg (-)</th> </tr> </thead> <tbody> <tr> <td>BENZO</td> <td>BENZO</td> <td></td> <td>ILL</td> <td>MET</td> <td></td> <td>ILL</td> <td>PCP</td> <td></td> </tr> <tr> <td>BARB</td> <td>BARB</td> <td></td> <td>OPIA</td> <td>OPI</td> <td></td> <td>STIM</td> <td>AMP</td> <td></td> </tr> <tr> <td>ILL</td> <td>COC</td> <td></td> <td>OPIB</td> <td>MTD</td> <td></td> <td>PPX</td> <td>PPX</td> <td></td> </tr> <tr> <td>CANB</td> <td>THC</td> <td></td> <td>OPIA</td> <td>OXY</td> <td></td> <td>OPIB</td> <td>BUP</td> <td></td> </tr> </tbody> </table>	Drug			Pos(+)			Neg (-)			Drug	Pos(+)	Neg (-)	Drug	Pos(+)	Neg (-)	Drug	Pos(+)	Neg (-)	BENZO	BENZO		ILL	MET		ILL	PCP		BARB	BARB		OPIA	OPI		STIM	AMP		ILL	COC		OPIB	MTD		PPX	PPX		CANB	THC		OPIA	OXY		OPIB	BUP	
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Toxicology Panel	Psychiatric Panel
* These Drugs are Found Within the Oral Fluid Panel † These Drug are Only Tested in the Oral Fluid Panel Δ These Drugs are Currently Unavailable for Urine Drug Testing <input type="checkbox"/> Analgesics (ANA) <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Anticonvulsants (ANT) <input type="checkbox"/> Gabapentin* <input type="checkbox"/> Pregabalin* <input type="checkbox"/> Antidepressants (ANTD) <input type="checkbox"/> Amitriptyline* <input type="checkbox"/> Duloxetine <input type="checkbox"/> Norfluoxetine <input type="checkbox"/> Nortriptyline*† <input type="checkbox"/> Paroxetine <input type="checkbox"/> Venlafaxine <input type="checkbox"/> Benzodiazepines (BEN) <input type="checkbox"/> 2-Hydroxyethylflurazepam <input type="checkbox"/> 7-Aminoclonazepam* <input type="checkbox"/> 7-Aminoflunitrazepam <input type="checkbox"/> Alpha-Hydroxyalprazolam* <input type="checkbox"/> Alpha-Hydroxymidazolam <input type="checkbox"/> Alpha-Hydroxytriazolam <input type="checkbox"/> Alprazolam* <input type="checkbox"/> Clonazepam*† <input type="checkbox"/> Diazepam*† <input type="checkbox"/> Flunitrazepam*† <input type="checkbox"/> Flurazepam*† <input type="checkbox"/> Lorazepam* <input type="checkbox"/> Benzodiazepines cont.. <input type="checkbox"/> Midazolam*† <input type="checkbox"/> N-Desmethyflunitrazepam <input type="checkbox"/> Nordiazepam* <input type="checkbox"/> Oxazepam* <input type="checkbox"/> Temazepam* <input type="checkbox"/> Cannabinoid (CANB) <input type="checkbox"/> THC* <input type="checkbox"/> Illicit (ILL) <input type="checkbox"/> 6 MAM (Heroin Metabolite)* <input type="checkbox"/> Acetyl Fentanyl <input type="checkbox"/> Benzoylcegonine (Cocaine)* <input type="checkbox"/> Ketamine <input type="checkbox"/> MDA* <input type="checkbox"/> MDEA* <input type="checkbox"/> MDMA (Ecstasy)* <input type="checkbox"/> Methamphetamine* <input type="checkbox"/> Norketamine <input type="checkbox"/> Phencyclidine (PCP)* <input type="checkbox"/> Illicit: Synthetics (ILLS) <input type="checkbox"/> Spices (Syn. THC) <input type="checkbox"/> Muscle Relaxants (MUS) <input type="checkbox"/> Carisoprodol* <input type="checkbox"/> Cyclobenzaprine <input type="checkbox"/> Meprobamate* <input type="checkbox"/> Opiates/ Opioids (OPIA) <input type="checkbox"/> Codeine* <input type="checkbox"/> Dihydrocodone*†Δ <input type="checkbox"/> Hydrocodone* <input type="checkbox"/> Hydromorphone* <input type="checkbox"/> Morphine* <input type="checkbox"/> Norhydrocodone*†Δ <input type="checkbox"/> Noroxycodone* <input type="checkbox"/> Oxycodone* <input type="checkbox"/> Oxymorphone* <input type="checkbox"/> Opioids: Synthetic (OPIB) <input type="checkbox"/> 6-Beta-Naltrexol <input type="checkbox"/> Buprenorphine* <input type="checkbox"/> Fentanyl* <input type="checkbox"/> Meperidine* <input type="checkbox"/> Methadone/ EDDP* <input type="checkbox"/> Mitragynine <input type="checkbox"/> MDA* <input type="checkbox"/> Naltrexone* <input type="checkbox"/> N-Desmethyltapentadol <input type="checkbox"/> Norbuprenorphine* <input type="checkbox"/> Norfentanyl* <input type="checkbox"/> Normerperidine* <input type="checkbox"/> Norpropoxyphene*† <input type="checkbox"/> O-Desmethyl-Cis-Tramadol* <input type="checkbox"/> Propoxyphene*† <input type="checkbox"/> Sufentanil*† <input type="checkbox"/> Tapentadol* <input type="checkbox"/> Tramadol* <input type="checkbox"/> Sedative Hypnotics (SED) <input type="checkbox"/> Zaleplon <input type="checkbox"/> Zolpidem <input type="checkbox"/> Stimulants (STIM) <input type="checkbox"/> Amphetamine* <input type="checkbox"/> Butylone <input type="checkbox"/> Ethylone <input type="checkbox"/> MDPV <input type="checkbox"/> Mephedrone <input type="checkbox"/> Methylone <input type="checkbox"/> Methylphenidate <input type="checkbox"/> Naphyrone <input type="checkbox"/> Ritalinic Acid Δ	<input type="checkbox"/> Antipsychotics (AP) <input type="checkbox"/> 9-Hydroxyrisperidone <input type="checkbox"/> Aripiprazole <input type="checkbox"/> Clonidine <input type="checkbox"/> Clozapine Δ <input type="checkbox"/> Haloperidol Δ <input type="checkbox"/> Norquetiapine <input type="checkbox"/> Olanzapine Δ <input type="checkbox"/> Paroxetine <input type="checkbox"/> Quetiapine <input type="checkbox"/> Risperidone <input type="checkbox"/> Antidepressants (AD) <input type="checkbox"/> Bupropion Δ <input type="checkbox"/> Citalopram <input type="checkbox"/> Duloxetine <input type="checkbox"/> Fluoxetine <input type="checkbox"/> Hydroxybupropion Δ <input type="checkbox"/> Mirtazapine Δ <input type="checkbox"/> Norfluoxetine <input type="checkbox"/> Sertraline <input type="checkbox"/> Trazodone Δ <input type="checkbox"/> Venlafaxine <input type="checkbox"/> Vilazodone Δ
<input type="checkbox"/> Barbiturate Panel <input type="checkbox"/> Barbiturates (BARB) <input type="checkbox"/> Amo/Pentobarbital <input type="checkbox"/> Butalbital <input type="checkbox"/> Butabarbital <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Secobarbital	<input type="checkbox"/> Alcohol Metabolites <input type="checkbox"/> Alcohol Metabolites (ALC) <input type="checkbox"/> Ethyl Glucuronide ETG <input type="checkbox"/> Ethyl Sulfate ETS

Patient Authorization
I certify that I have voluntarily provided a fresh and unadulterated urine specimen for analytical testing. The information on this form and on the label affixed to the specimen cup is accurate. I authorize TopLab to release the results of this testing to the treating authorized healthcare provider or facility. I hereby authorize my insurance plan to be billed and benefits to be paid directly to TopLab for services I received. I acknowledge that TopLab 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 insurance check and forward it to TopLab 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 TopLab 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 Signature _____ Date _____

PT Name: _____ Date: ____/____/____

Donor Initials: _____ DOB: ____/____/____

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