Capital Diagnostics

TOXICOLOGY LABORATORY REQUISITION

ACCOUNT INFORMATION

The ordering physician must sign his/her name and indicate the date the test is ordered. The signature constitutes as a certification that with respect to tests reimbursed by Medicare, Medicaid, or other third-party payers that the testing is medically necessary, and the results will be used in the management of the patient.

x_____

Physician Signature   **Date**

THIS SECTION IS TO BE COMPLETED BY A CLINICIAN

VALIDATED RISK ASSESSMENT   ☐LOW   ☐MODERATE   ☐HIGH

REASON FOR TEST

☐ New patient requires COT
☐ Patient side effect profile changes
☐ Patient tested positive for undisclosed substance
☐ Previous test revealed non-compliance to prescription
☐ Assess for possible drug to drug interactions
☐ Patient response to prescribed medication suddenly changes

☐ Sudden change in patient's medical condition
☐ Patient in treatment program (SUD)
☐ Unreliable patient history
☐ COT monitoring test
☐ Change in medication

The clinician must always document clear medical reason and necessity in progress notes

INSURANCE INFORMATION
☐ Client Bill   ☐ See Attached Insurance Forms

Insured's Name (If different from Patient)

Primary Insurance Name & Plan

Address

Policy ID #   Group/Plan #

☐Cash   ☐Check   Received by:_____

PATIENT INFORMATION

Last Name   First Name

DOB (MM/DD/YY)   Sex   ☐M   ☐F

Phone

Insured Address

City   State   Zip

I voluntarily consent to the collection and testing of my specimen. I certify that the specimen on this form is my own and that the specimen is fresh and free from adulteration. I certify that the information provided on this form and the label on the specimen sample is accurate. I authorize Capital Diagnostics to release the results of this testing to the treating physician or facility. I have read and understood the ABN printed on the backside of this form.

x_____

Patient Signature   **Date**

SPECIMEN INFORMATION

Date Collected _____/_____/_____   Time: _____ : _____ AM PM   Collector:_____

Temperature read within 4 mins and is in range 32.5-37.7 (90.5-100)   ☐YES ☐NO

Special notes for lab:_____

ICD 10 CODES
Please enter diagnosis code(s) in the box

☐   ☐   ☐   ☐

RECORD POINT-OF-CARE RESULTS & ORDER TESTS

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

POC billed by ordering provider: ☐ Yes ☐ No

	POC RESULTS POS (+)	POC RESULTS NEG (+)	CONF. TEST		POC RESULTS POS (+)	POC RESULTS NEG (+)	CONF. TEST
MARIJUANA (THC)	☐	☐	☐	BARBITURATES (BAR)	☐	☐	☐
COCAINE (COC)	☐	☐	☐	BENZODIAZEPINE (BZO)	☐	☐	☐
OPIATES (OPI)	☐	☐	☐	METHADONE (MTD)	☐	☐	☐
AMPHETAMINES (AMP)	☐	☐	☐	OXYCODONE (OXY)	☐	☐	☐
METHAMPHETAMINES (MET)	☐	☐	☐	BUPRENORPHINE (BUP)	☐	☐	☐
PHENCYCLIDINE (PCP)	☐	☐	☐	MORPHINE (MOR)	☐	☐	☐
ECSTASY (MDMA)	☐	☐	☐	TRICYCLICS (TCA)	☐	☐	☐

ORDER TESTS

SPECIMEN TYPE   ☐ **Urine**   ☐ **Oral Fluid**

PRESUMPTIVE IMMUNOASSAY TESTING

☐UDS   ☐OFT   Presumptive Immunoassay drug screen only (UR)* (OF)**

☐UDS   Presumptivedrug screen and confirm all positives (UR)*

☐UDS   Preform Specimen Validity (Creatinine, pH, Specific Gravity, Oxidants)

*(ETG, THC) **(AMP, BENZO, BUP, THC, COC, ETG, 6AM, MTD,OPI,OXY)

CONFIRMATION TESTS BY DRUG CLASS OR INDIVIDUAL

DISCLAIMER: If a drug class is ordered all individual tests present in that drug class will be tested.

Anti-Epileptics
- 209 ☐ Gabapentin
- 210 ☐ Pregabalin

Benzodiazepines
- 142 ☐ 7-Aminoclonazepam
- 148 ☐ alpha-Hydroxyalprazolam
- 140 ☐ Alprazolam
- 139 ☐ Clonazepam
- 143 ☐ Diazepam
- 141 ☐ Lorazepam
- 145 ☐ Nordiazepam
- 146 ☐ Oxazepam
- 147 ☐ Temazepam

Anti-Depressants
- 611 ☐ Citalopram
- 607 ☐ Fluoxetine
- 604 ☐ Bupropion
- 606 ☐ Trazodone
- 609 ☐ Duloxetine
- 664 ☐ Risperidone
- 663 ☐ Sertraline

Tricyclic Antidepressants
- 602 ☐ Amitryptyline

Stimulants
- 170 ☐ Amphetamine
- 205 ☐ Methylphenidate

Illicits
- 152 ☐ 6-MAM
- 236 ☐ Benzoylecgonine
- 235 ☐ Cocaine
- 238 ☐ MDA
- 201 ☐ MDEA
- 237 ☐ MDMA
- 239 ☐ PCP
- 171 ☐ Methamphetamine

Muscle Relaxants
- 215 ☐ Carisoprodol
- 217 ☐ Meprobamate

Opiates
- 157 ☐ Codeine
- 161 ☐ Hydrocodone
- 165 ☐ Hydromorphone
- 162 ☐ Morphine
- 576 ☐ Propoxyphene
- 167 ☐ Norhydrocodone

Semi-Synthetic Opiates
- 156 ☐ Buprenorphine
- 166 ☐ Norbuprenorphine
- 163 ☐ Oxycodone
- 168 ☐ Noroxycodone
- 169 ☐ Oxymorphone

Synthetic Opiates
- 158 ☐ Fentanyl
- 159 ☐ Methadone
- 164 ☐ EDDP
- 213 ☐ Naloxone
- 212 ☐ Naltrexone
- 150 ☐ Tapentadol
- 153 ☐ Tramadol
- 149 ☐ O-desmethyltramadol
- 151 ☐ Norfentanyl

Sleep Aids
- 662 ☐ Zolpidem

Cannabinoids
- 240 ☐ THC Confirmation

☐ **COT BASELINE TESTING PANEL:** Anti-Epileptics, Benzodiazepines, Anti-Depressants, Trycyclic Anti-Depressants, Stimulants, Illicits, Muscle Relaxants, Opiates, Semi-Synthetic Opiates, Synthetic Opiates, Sleep Aids, Cannabinoids.

☐ **COT MONITORING TESTING PANEL:** Benzodiazepines, Stimulants, Illicits, Muscle Relaxants, Opiates, Semi-Synthetic Opiates, Synthetic Opiates, Sleep Aids, Cannabinoids.

☐ **SUD MONITORING TESTING PANEL:** Anti-Epileptics, Benzodiazepines, Stimulants, Illicits, Muscle Relaxants, Opiates, Semi-Synthetic Opiates, Synthetic Opiates, Cannabinoids.

PATIENT PRESCRIBED MEDICATIONS (Please circle all that apply)

Adderall	Butalbital	Diazepam	Hydromorphone	Methylphenidate	Oxycontin	Sertraline	Vyvanse
Alprazolam	Carisoprodol	Duloxetine	Klonopin	Morphine	Oxymorphone	Tapentadol	Wellbutrin
Ambien	Citalopram	Escitalopram	Lexapro	Neurontin	Propoxyphene	Temazepam	Xanax
Amitriptyline	Clonazepam	Fentanyl	Lorazepam	Nortriptyline	Prozac	THC	Zoloft
Amphetamine	Codeine	Fluoxetine	Lyrica	Nucynta	Quetiapine	Tramadol	Zolpidem
Buprenorphine	Cymbalta	Gabapentin	Meprobamate	Oxazepam	Ritalin	Trazodone	
Bupropion	Diazepam	Hydrocodone	Methadone	Oxycodone	Seroquel	Valium	**None Prescribed**

An inconsistent result may be reflected on the report if a complete list of patient medications is not provided