



TEST REQUISITION FORM

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PATIENT'S LAST NAME (PRINT) FIRST MI SEX DATE OF BIRTH DATE COLLECTED TIME COLLECTED AM PM Temp. read within 4 mins and within 32.0 - 37.0 ° YES

PATIENT BILLING ADDRESS PATINET TELEPHONE CITY STATE ZIP CODE

REFERRING PHYSICIANS (S)

INSURANCE INFORMATION
3rd party Ins Medicare Worker's Comp
Medicaid Self Pay
Other:

DIAGNOSIS CODE (S)
Z79.899 Other long term (current) drug therapy
Z79.891 Long term (current) use of opiate analgesic
Z19.20 Other psychoactive substance dependence, uncomplicated
Others:

Additional Tests

MEDICATION (S)
ACTIQ, ADDERALL, ALPRAZOLAM, AMBIEN, AMITRIPTYLINE, AMPHETAMINE, APLENZIN, ARIPIPRAZOLE, ATIVAN, AVINZA, BUPRENORPHINE, BUPROPION, BUTALBITAL, BUTRANS, CARISOPRODOL, CELEXA, CHLORDIAZEPOXIDE, CITALOPRAM, CLONAZEPAM, CLOZAPINE, CODEINE, CONCERTA, CYCLOBENZAPRINE, DEMEROL, DEXEDRINE, DEXTROAMPHETAMINE, DIAZEPAM, DILAUDID, DULOXETINE, DURAGESIC, EMBEA, ENDOCET, ESGIC, EXALGO, FENTANYL, FLORICET, FLORINAL, FLELEXERIL, GABAPENTIN, HALCION, HALOPERIDOL, HYDROCODONE, HYDROMORPHINE, KADIAN, KLONOPIN, LEVORPHANOL, LIBRIUM, LORAZEPAM, LORCET, LORTAB, LYRICA, MARINOL, MEPERIDINE, METHADONE, METHYLPHENIDATE, MORPHINE, MS CONTIN, MSIR, NEURONTIN, NALTREXONE, NORCO, NORTRIPTYLINE, NUCYNTA, OPANA, OXAZEPAM, OXYCODONE, OXYCONTIN, OXYMORPHONE, PAROXETINE, PERCOCET/PERCODAN, PHENOBARBITAL, PHENTERMINE, PREGABALIN, QUETIAPINE, RESTORIL, RITALIN, ROXICET, ROXICODONE, SERAX, SOMA, SUBOXONE/SUBUTEX, TAPENTADOL, TEMAZEPAM, TRAMADOL, TRIAZOLAM, TYLENOL W/ CODEINE, ULTRAM/ULTRACET, VALIUM, VENLAFIXINE, VERSED, VICODINE/VICOPROFEN, VYVANSE, WELLBUTRIN, XANAX, ZOLPIDEM

RECORD POINT-OF-CARE RESULTS
POS(+) NEG(-) POS(+) NEG(-)
AMP, BARB, BUP, BZO, COC, M.AMP, MDMA, FENT, MOP, MTD, OPI, OXY, PCP, PPX, TCA, THC

SELECT TESTING PANEL / DRUG CLASSES - CHECK BOX BELOW

COMPREHENSIVE DRUG CONFIRMATION PROFILE (EIA & LCMS-MS)
80307 - Specimen Validity Tests: (PH & Creatinine)
80307 - Drug Screening EIA Panel (Ethyl Alcohol and ETG If Indicated)
G0483 - LCMS-MS Definitive Confirmation Drugs (Amphetamine, Methamphetamine, Phentermine, Mirtazapine, Venlafaxine, Citalopram, Paroxetine, Sertraline, Desipramine, Duloxetine, Imipramine, Hydroxybupropion, Fluoxetine, Nortriptyline, Mirtazapine, Venlafaxine, Citalopram, Paroxetine, Sertraline, Desipramine, Duloxetine, Imipramine, Hydroxybupropion, Fluoxetine, Clozapine, 7-Hydroxyquetiapine, Butalbital, Phenobarbital, Mephedrone, Methylole, MDPV, Alprazolam, Alpha-OH-Alprazolam, 7-Amino-Clonazepam, Oxazepam, Nor-Diazepam, Temazepam, Lorazepam, Buprenorphine, Nor-Buprenorphine, THC-COOH, Benzoylcegonine, Fentanyl, Nor-Fentanyl, Gabapentin, 6-MAM, Ketamine, Nor-Ketamine, Methadone, EDDP (Methadone Metabolite), MDA, MDMA, Codeine, Hydrocodone, Hydromorphone, Morphine, Nor-Hydrocodone, Meperidine, or-Meperidine, Tapentadol, Naloxone, Naltrexone, Oxycodone, Oxymorphone, Nor-Oxycodone, PCP, Pregabalin, Zolpidem, Meprobamate, Methocarbamol, Carisoprodol-SOMA, Cyclobenzaprine, Alpha-PVP, Dextromethorphan, Dextrorphan, Ritalinic acid, Tramadol, O-Desmethyl-Tramadol)

COMPREHENSIVE DRUG CONFIRMATION PROFILE (LCMS-MS ONLY)
G0483 - LCMS-MS Definitive Confirmation Drugs

INDIVIDUAL LCMS-MS TESTS (Please Select Tests Below)
Amphetamines (Amph, MethAmph, Phentermine)
Alkaloids (Kratom) (Mitragynine)
Anti-Convulsants (Topiramate)
Antidepressants, Tricyclic (Amitriptyline, Doxepin, Nortriptyline, Mirtazapine, Venlafaxine)
Antidepressants, serotonergic (Citalopram, Paroxetine, Sertraline, Desipramine, Duloxetine, Imipramine, Hydroxybupropion, Fluoxetine)
Anti-Psychotic (Clozapine, 7-Hydroxyquetiapine)
Barbiturates (Butalbital, Phenobarbital)
Bath Salt (Mephedrone, Methylole, MDPV)
Benzodiazepines (Alprazolam, Alpha-OH-Alprazolam, 7-Amino-Clonazepam, Oxazepam, Nor-Diazepam, Temazepam, Lorazepam)
Buprenorphine (Buprenorphine, Norbuprenorphine)
Cannabinoids, natural (THC-11-nor delta 9 carboxy)
Cocaine (Cocaine Metabolite -benzoylcegonine)
Fentanyl (Fentanyl, Norfentanyl)
Gabapentin (Gabapentin)
Heroin (6-Acetylmorphine -Heroin)
Ketamine (Ketamine, Nor-Ketamine)
Methadone (Methadone, Met. Metabolite-EDDP)
Methylenedioxyamphetamines (MDMA, MDA)
Opiates (Hydrocodone, Codeine, Hydromorphone, Morphine, Norhydrocodone)
Opioids (Meperidine, Nor-Meperidine, Tapentadol, Naloxone, Naltrexone, Tapentadol)
Oxycodone (Oxycodone, Oxymorphone, Noroxycodone)
Phencyclidine (PCP)
Pregabalin (Pregabalin)
Sedative hypnotics (Zolpidem)
Skeletal Muscle Relaxants (Meprobamate (Carisoprodol-SOMA), Cyclobenzaprine, Methocarbamol)
Stimulants, Synthetic (Alpha-PVP (Flakka) Dextromethorphan, Dextrorphan, Ritalinic acid)
Tramadol (Tramadol, O-Desmethyl-cis-tramadol)
Specimen Validity & Alcohol: (PH & Creatinine & Alcohol)

CUSTOM DRUG TESTING PROFILES
I authorize Biogene Diagnostics to perform the urine drug test panel indicated above. If no boxes are marked, I authorize Biogene Diagnostics to perform the tests indicated in my custom test panel and a specimen validity test on the specimen to indicate the levels of creatine, pH and specific gravity in the specimen.

ABOVE ORDERED TESTS ARE MEDICALLY NECESSARY.
PATIENT ACKNOWLEDGMENT OF TESTS ORDER.

PHYSICIAN / PROVIDER'S SIGNATURE
PATIENT SIGNATURE

I acknowledge the specimen I have provided is my own and has not been adulterated. I am voluntarily providing the specimen for analysis by Biogene Diagnostics and I authorize Biogene Diagnostics to release the results of the tests above to the ordering clinician. I authorize my physician and/or staff to release to Biogene Diagnostics and its agents, any information needed to determine benefits for the laboratory services.
I understand that I am responsible for payment of any deductibles or co-insurance charges, if applicable. If the Self-Pay box is marked, I accept full financial responsibility for payment associated with laboratory services. Additionally, I authorize insurance payments to be made to Biogene Diagnostics for the laboratory services provided. I also agree that in the case where my insurance provider sends payment directly to me I will endorse the insurance check and forward it to Biogene Diagnostics within 30 days.

L: Lavender, SS: Serum Separator, U: Urine, Sw: Swab, GY: Grey