



TOXICOLOGY TEST REQUISITION

COLLECT
Temperature read within 4 min. and is in range of 32.2_37.3°C (90_100°F)
YES NO if NO: Actual Temp.:
Date: / / Time: : am pm

ACCOUNT

PATIENT INFORMATION

Last Name First Name
Middle Name F M DOB Phone: () -
Address SSN
City: State: Zip: Pt. ID:

BILLING INFORMATION

RELATIONSHIP

ABN NOTICE

Patient Medicare Insurance Auto Injury Self Spouse Child Insurance Company
Client Medicaid Workers Comp. Other (please attach) Other Member #
I have read the ABN Notice. If Medicare denies payment, I agree to pay for the identified test(s).
Patient Signature

DIAGNOSIS CODES (ICD-9)

ADDITIONAL SUBSTANCES

POINT-OF-CARE TEST/ ORDER CONFIRMATION TESTS

Empty box for diagnosis codes

Table with columns: MEDICATION OR DRUGS, CONG. POS(+), CONG. NEG(-). Lists various substances like 7-Amino Clonazepam, Lorazepam, Oxazepam, etc.

CUSTOM

Empty box for custom information

10 PANEL (DRUG SCREENS WITH REFLEX TO CONFIRMATION)

Table with columns: AMPHETAMINE, BENZODIAZEPINES, OPIATES, PROPOXYPHENE, BARBITURATES, COCAINE, OXYCODONE, SPECIMEN VALIDITY, BUPRENORPHINE, METHADONE, PHENCYCLIDINE. Includes additional substances like 6-MAM, FENTANYL, etc.

CURRENT MEDICATIONS

PATIENT NOT ON MEDICATION

MEDICATION LISTED BELOW LIST OF MEDICATION ATTACHED

QUALITATIVE EIA (THIS TEST INCLUDES ALL COMPONENTS LISTED BELOW)

Table listing components: Amphetamine, Barbs, Benzodiazepine, Buprenorphine, Cocaine, EtOH, THC, Opiate, Oxycodone, Creatinine, pH, Methadone

INDIVIDUAL CLASSES
SELECT ON NEXT PAGE

SPECIMEN VALIDITY TESTING

PH URINE, CREATININE

SPECIAL INSTRUCTIONS

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 Tesis Labs 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 Tesis Labs for services I received. I acknowledge that Tesis Labs 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 Tesis Labs 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 Tesis Labs 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: Authorized Provider Signature:

1408 Horizon Ave, Suite #101
Lafayette CO, 80026
P: (720) 726-2130 F: (720) 863-2042
CLIA #06D2137868

Name:
Date: / / Initials:

ADVANCED BENEFICIARY NOTICE

Medicare will only pay for services that it determines to be reasonable and necessary under section 1882 (a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Medicare usually does not pay for these tests for the reported diagnosis. By signing the Patient/Responsible Party Signature on the front of this requisition, you are confirming your agreement to assume financial responsibility for the payment of these tests.

INDIVIDUAL CLASS SECTION (Select Only If Choosing Custom Panel or Individual Classes)

<p>AMPHETAMINES Amphetamine Methamphetamine Phentermine</p> <p>ANALGESICS, NON-OPIOD Meperidine Normeperidine</p> <p>ANTIDEPRESSANTS, OTHER Venlafaxine</p> <p>ANTIDEPRESSANTS, SEROTONERGIC Citalopram Duloxetine Fluoxetine Paroxetine Sertaline</p> <p>ANTIDEPRESSANTS, TRYCYCLIC Amitriptyline Desmethyldoxepin Mirtazapine Nortriptyline</p> <p>BENZODIAZEPINES 7-Amino- Clonazepam Alpha-Hydroxy Alprazolam Lorazepam Nordiazepam Oxapam Temazepam</p>	<p>BUPRENORPHINE Buprenorphine Norbuprenorphine</p> <p>Canabinoids, Natural THC-11-Nor-Delta-9-Carboxy</p> <p>COCAINE Cocaine Metabolite (Benzoylcegonine)</p> <p>ENZYME IMMUNOASSAY (EIA) Amphetamine Barbiturates Benzodiazepines Buprenorphine Cannabinoids Cocaine Metabolite Ethanol Methadone Opiates Oxycodone</p> <p>BENZ FENTANYLS ODIAZEPINES Fentanyl Norfentanyl</p> <p>GABAPENTINE Gabapentine</p> <p>HEROIN Heroin Metabolite (6MAM)</p>	<p>KETAMINE Ketamine</p> <p>METHADONE Methadone Methadone Metabolite (EDDP)</p> <p>METHYLENEDIOXYAMPHETMINES MDA MDMA</p> <p>METHYPHENIDATE Methylphenidate</p> <p>OPIATES Codeine Hydrocodone Hydromorphone Morphine Norhydrocodone</p> <p>OPIOID Naloxone Naltrexone</p> <p>OXYCODONE Oxycodone Oxymorphone Norhydrocodone</p> <p>PHENCYCLIDINE Phencyclidine-PCP</p>	<p>PREGABALIN Pregabalin</p> <p>PROPOXYPHENE Propoxyphene</p> <p>SEDATIVE HYPONOTIC Zolpidem</p> <p>SKELETAL MUSCLE RELAXANTS Carisoprodol-SOMA Cyclobenzaprine Meprobamate</p> <p>STIMULANTS, SYNTHETIC Alpha-PVP</p> <p>TAPENTADOL Tapentadol</p> <p>TRAMADOL O-Desmethyl_Cis_Tramadol Tramadol</p> <p>VALIDITY Creatinine pH</p>
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SPECIMEN HANDLING REQUIREMENTS:

SPECIMEN VOLUME - 30ML PREFERRED TRANSPORTED IN SPECIMEN TRANSPORT VIAL (PACKED IN COLLECTION CUP) / 30ML MINIMUM TRANSPORTED IN SPECIMEN TRANSPORT VIAL

ACCEPTABLE SAMPLES - 30ML PREFERRED TRANSPORTED IN SPECIMEN TRANSPORT VIAL / 30ML MINIMUM TRANSPORTED IN SPECIMEN TRANSPORT VIAL

TRANSPORT - ROOM TEMPERATURE

SPECIMEN STABILITY - ROOM TEMPERATURE FOR 5 DAYS, REFRIGERATED 7 DAYS, FROZEN 30 DAYS

SPECIMEN REJECTION - PRESERVED SAMPLES

Test Authorization for Mass Spectrometry (MS):

Please perform MS quantification on any urine drug tests that initially test positive. I understand this is an additional procedure, and this order is to facilitate the prescription/ therapeutic drug monitoring program required as a condition of the treatment program prescribes for my patients.

Patient Billing Policy

Tesis Labs accepts payments from the majority of insurance companies; although Tesis Labs reserves the right to reject unacceptable settlement offers from non-contracted insurance plans. Patient billing will occur for insurance deductibles, co-payments, and co-insurance amounts deemed by the insurance company to be the responsibility of the patient. Patient billing will also occur for the entire cost of the services if no coverage agreement is in place between Tesis Labs and the insurance company, or if the insurance company has determined that no coverage is available for the Tesis Labs test. Tesis Labs will work with patients on an individual basis to establish payment options on any outstanding balances through the Financial Assistance Program. All invoices include a toll-free number for patients to contact Tesis Labs directly with questions or concerns. Uninsured patients will be billed directly at special rates. I authorize disclosure by Tesis Labs of lab results directly to the worker's compensation carriers, as applicable.

Practitioner Acknowledgment:

In my professional judgment, the tests I order ARE MEDICALLY NECESSARY. I also understand that my order and a requisition are required for each specimen sent to Tesis Labs. If any member of my staff requests confirmation testing or additional tests not covered by this form, I understand that the patient's medical record must clearly reflect my order for such confirmations and tests.