



Toxicology Requisition

Date Specimen Collected	Time Specimen Collected	Collector Name
Laboratory Use Only		
Accession Number	Temperature range 90-100 within 4 mins of collection? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Practice Information			
Ordering Physician <input type="checkbox"/>	Address Line 1	Address Line 2	
City, State Zip	Phone	Fax	Other

Patient and Insurance Information
(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

First Name	Last Name	MI	DOB	Gender
Address Line 1	Address Line 2	City	State	Zip
Home Phone	Cell Phone	Race	Ethnicity	
Insured's Name	Relationship to Patient	Social Security #		
Home Phone	Cell Phone	DOB	Gender	
Primary Insurance	Group #	ID#		
Address	City	State	Zip	
Worker's Comp Info	Injury Date	Employer	Claim #	

Point of Care Test Results		Current Medications	
Pos (+)	Neg (-)	Pos (+)	Neg (-)
<input type="checkbox"/>	<input type="checkbox"/> THC	<input type="checkbox"/>	<input type="checkbox"/> Benzodiazepines
<input type="checkbox"/>	<input type="checkbox"/> Cocaine	<input type="checkbox"/>	<input type="checkbox"/> Methadone
<input type="checkbox"/>	<input type="checkbox"/> Opiate	<input type="checkbox"/>	<input type="checkbox"/> Tricyclic Antidepressants
<input type="checkbox"/>	<input type="checkbox"/> Amphetamines	<input type="checkbox"/>	<input type="checkbox"/> Oxycodone
<input type="checkbox"/>	<input type="checkbox"/> Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/> Buprenorphine
<input type="checkbox"/>	<input type="checkbox"/> Phencyclidine	<input type="checkbox"/>	<input type="checkbox"/> Barbiturates
<input type="checkbox"/>	<input type="checkbox"/> MDMA	<input type="checkbox"/>	<input type="checkbox"/> Other
<input type="checkbox"/> POC Test Not Performed			

Confirmed Panels		
<input type="checkbox"/> Natural and Semi Synthetic Opioids <input type="checkbox"/> Buprenorphine/Naloxone/Norbuprenorphine <input type="checkbox"/> Codeine/ Dihydrocodone <input type="checkbox"/> Morphine <input type="checkbox"/> Hydrocodone/Norhydrocodone <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Oxycodone/Noroxycodone <input type="checkbox"/> Oxymorphone <input type="checkbox"/> Illicit <input type="checkbox"/> 6-MAM (Heroin) <input type="checkbox"/> Benzoylcegonine (Cocaine Metabolite) <input type="checkbox"/> PCP <input type="checkbox"/> THC-COOH <input type="checkbox"/> MDMA <input type="checkbox"/> MDA	<input type="checkbox"/> Synthetic Opioids <input type="checkbox"/> Methadone/EDDP <input type="checkbox"/> Fentanyl/Norfentanyl <input type="checkbox"/> Meperidine <input type="checkbox"/> Tapentadol <input type="checkbox"/> Tramadol/ O-Desmethyltramadol <input type="checkbox"/> Amphetamines/Stimulants <input type="checkbox"/> Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Alcohol <input type="checkbox"/> ETS <input type="checkbox"/> ETG <input type="checkbox"/> Barbiturates <input type="checkbox"/> ETS <input type="checkbox"/> ETG	<input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Alprazolam/A-Hydroxyalprazolam <input type="checkbox"/> Diazepam/Nordiazepam/Oxazepam <input type="checkbox"/> Temazepam <input type="checkbox"/> Clonazepam/7-aminoclonazepam <input type="checkbox"/> Lorazepam <input type="checkbox"/> Flunatrazepam <input type="checkbox"/> Desalkylflurazepam <input type="checkbox"/> Tricyclic Antidepressants <input type="checkbox"/> Amitriptyline <input type="checkbox"/> Nortriptyline <input type="checkbox"/> Imipramine <input type="checkbox"/> Desipramine <input type="checkbox"/> Doxepin

ICD-10 Codes	
<input type="checkbox"/> F11.20 Opioid dependence, uncomplicated <input type="checkbox"/> F19.20 Other psychoactive substance dependence, uncomplicated <input type="checkbox"/> Z02.1 Encounter for pre-employment examination <input type="checkbox"/> Z51.81 Encounter for therapeutic drug level monitoring	<input type="checkbox"/> Z79.899 Other long term (current)ug therapy <input type="checkbox"/> Z79.891 Long term use of opiate analgesic <input type="checkbox"/> Z91.19 Patient's noncompliance with other treatment regiment <input type="checkbox"/> Other _____

<p>Statement of Medical Necessity (Required for Testing)</p> <p>This toxicology test is being prescribed as the patient is subject to a procedure or surgery, where they will be under either sedatives or anesthesia. As such, there is a need for completion of this test to determine usage of drugs of abuse including illicit drugs. Use of illicit drugs could greatly impact their procedure while being sedated or anesthetized. In addition, if the screening is positive due to prescribed or non-prescribed medications, a subsequent confirmation test that is more sensitive and specific (ex. Liquid Chromatography Mass Spectrometry/Mass Spectrometry) is required. This will confirm and quantify if any drug of abuse is present in the patient's system that could interact with the procedure while being sedated or anesthetized.</p> <p>Physician Signature X _____</p>	<p>Patient Authorization</p> <p>I certify that I have voluntarily provided my own, unadulterated specimen for testing based on my provider's request. The personal and medical information I have provided and that has been placed with the specimen is min and accurate. I authorize Genesis Toxicology to release the results of this testing to my treating provider and/or facility. I authorize payments from Medicare and/or my insurance company to GLM within 30 days of receipt. I understand that if I fail to forward the check, I may be sent to collections with the possibility of being reported to a credit bureau.</p> <p>Patient Signature X _____</p>
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	Accessioner Initials 1 _____ 2 _____
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