EXPRESS MEDICAL EXPERTS

Toxicology Laboratory Request

CLIA# 10D2150701

CLINIC/PHYSICIAN INFORMATION

Facility Name

Ordering Provider

PATIENT'S / INSURANCE INFORMATION

Last Name | First Name | Initial

Sex: F or M

DOB

Address

City | State | Zip Code

Insurance

Member ID

SPECIMEN DATA

Date Collected:_____/_____/_____Time:_____:_____AM PM

Collector Initials:

PATIENT'S PRESUMPTIVE POC RESULTS

☐ Please check if initial POC drug screen was performed and billed to the insurance company

	POC RESULTS POS (+)	POC RESULTS NEG (-)
MARIJUANA [THC]	☐	☐
COCAINE [COC]	☐	☐
OPIATES [OPI]	☐	☐
AMPHETAMINES [AMP]	☐	☐
METHAMPHETAMINE [MET]	☐	☐
PHENCYCLIDINE [PCP]	☐	☐
ECSTASY [MDMA]	☐	☐
BARBITURATES [BAR]	☐	☐
BENZODIAZEPINES [BZO]	☐	☐
METHADONE [MTD]	☐	☐

ICD 10 CODES:

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SCREENING/PRESUMPTIVE TESTING

- ☐ PERFORM PRESUMPTIVE IMMUNOASSAY DRUG TEST AND CONFIRM ALL POSITIVES
- ☐ PERFORM PRESUMPTIVE IMMUNOASSAY DRUG TEST ONLY
- ☐ VALIDITY TEST ONLY

CONFIRMATION/DEFINITIVE LC-MS/MS TESTING

☐ CUSTOM PANEL ☐ CONFIRM ALL

☐ALCOHOL
- ☐ Ethyl Glucuronide
- ☐ Ethyl Sulfate

☐BARBITUATES
- ☐ Butalbital
- ☐ Pentobarbital
- ☐ Phenobarbital
- ☐ Secobarbital

☐BENZODIAZEPINES
- ☐ 7-aminoclonazepam
- ☐ Alpha-hydroxyalprazolam
- ☐ Alprazolam
- ☐ Diazepam
- ☐ Lorazepam
- ☐ Nordiazepam
- ☐ Oxazepam
- ☐ Temazepam

☐CANNABINOIDS
- ☐ JWH 184-OH Pentyl
- ☐ JWH 250-4-OH Pentyl
- ☐ JWH 733-OH Butyl
- ☐ THC-COOH (THCA)

☐CATHINONES
- ☐ Alpha PVP
- ☐ MDPV
- ☐ Methedrone
- ☐ Pentedrone
- ☐ Pentedrone Norephedrine

☐ECSTACY ANALOGS
- ☐ MDA
- ☐ MDEA
- ☐ MDMA
- ☐ Methylene

☐MUSCLE RELAXANTS
- ☐Carisoprodol
- ☐Cyclobenzaprine
- ☐Meprobamate

☐NICOTINE
- ☐Cotinine

☐OPIATES/OPIOIDS
- ☐6-MAM
- ☐Buprenorphine
- ☐Codeine
- ☐Desmethyltapentadol
- ☐EDDP
- ☐Fentanyl
- ☐Hydrocodone
- ☐Hydromorphone
- ☐Methadone
- ☐Morphine
- ☐Norbuprenorphine
- ☐Norfentanyl
- ☐Noroxycodone
- ☐Norpropoxyphene
- ☐O-Desmethyltramadol
- ☐Oxycodone
- ☐Oxymorphone
- ☐Propoxyphene
- ☐Tapentadol
- ☐Tramadol

☐OTHER PHARMACEUTICALS
- ☐Carbamazepine
- ☐Dextromethorphan
- ☐Gabapentin
- ☐Levetiracetam
- ☐Pregabalin

☐SEDATIVES
- ☐Zaleplon
- ☐Zolpidem
- ☐Zolpidem 6-Carboxylic

☐STIMULANTS
- ☐Amphetamine
- ☐Methamphetamine

☐TRICYCLICS/ANTIDEPRES-SANTS
- ☐Amitriptyline
- ☐Desipramine
- ☐Desmethylcitalopram
- ☐Doxepin
- ☐Fluoxetine
- ☐Hydroxybupropion
- ☐Imipramine
- ☐Nortriptyline
- ☐Sertraline

☐UNSPECIFIED ILLICITS
- ☐7-Hydroxymitragynine
- ☐Benzoylecgonine
- ☐PCP

Medication List - Attach list if necessary

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PHYSICIAN SIGNATURE:

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Ordering Physician Signature **Date**

THE SPECIMEN IDENTIFIED ON THIS FORM IS MY OWN. I HAVE NOT ALTERED IT IN ANY WAY AND VOLITARILY SUBMIT THIS SPECIMEN. I AUTHORIZE EXPRESS MEDICAL EXPERTS LLC TO RELEASE RESULTS TO ORDERING PROVIDER AND BILL TO MY INSURANCE ON MY BEHALF. I AUTHORIZE MY INSURANCE BENEFITS TO BE PAID DIRECTLY TO TLC FOR SERVICES RENDERED. I ACKNOWLEDGE THAT I'M RESPONSIBLE FOR ANY OUTSTANDING BALANCES AND IF NOT PAID IN FULL ACCOUNT WILL BE FORWARDED TO COLLECTION OR LEGAL ACTION. SELF PATIENTS WILL BE BILLED DIRECTLY.

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Patient Signature **Date**