



# TOXICOLOGY REQUISITION

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## 1 REQUIRED ATTACHMENTS

- A. PATIENT DEMOGRAPHIC SHEET with INSURANCE DATA
- B. Copy of INSURANCE CARD(S) (Front and Back)

## 2 PATIENT INFORMATION

☐ Medicare ☐ Medicaid ☐ Private Insurance ☐ Worker's Comp ☐ Self-Pay

Last Name First Name MI

SSN DOB Gender ☐ M ☐ F

Address City State Zip

Primary Insurance Co. Policy ID

## 3 SPECIMEN INFORMATION

Temperature read within 4 mins. in the range of 91 - 99.6°F: ☐ YES ☐ NO

If NO, actual temp: °F

Collection Date: / / Collection Time: ☐ AM ☐ PM

Collector Name:

Specimen Type: ☐ Urine ☐ Oral Fluid

## 6 PRESUMPTIVE TESTING

- ☐ Urine drug presumptive testing
- ☐ No Urine drug presumptive testing (please attach PoC results)

## 7 TESTING Documentation required in patient record per date of service based on medical necessity and risk stratifications for testing ordered

☐ Standard ☐ Oral ☐ Custom ☐ Perform Testing Selected Below

Other:

**DEFINITIVE TESTING** Parent drugs chosen for testing will accompany their respective metabolites. See reverse side for additional information.

\*\* - Analyte available for Oral Fluid Testing

### ORAL FLUID ONLY

☐ Cocaine

☐ Heroin

☐ THC

☐ ALCOHOL

☐ EtG/EIS

### ANTIDEPRESSANTS

☐ Bupropion

☐ Citalopram \*\*

☐ Duloxetine \*\*

☐ Fluoxetine \*\*

☐ Paroxetine \*\*

☐ Sertraline \*\*

☐ Trazodone

☐ Venlafaxine \*\*

### ANTI-EPILEPTICS

☐ Gabapentin \*\*

☐ Pregabalin \*\*

### ANTI-PSYCHOTICS

☐ Aripiprazole

☐ Quetiapine

### BARBITURATES

☐ Butalbital

☐ Phenobarbital

### BATH SALTS

☐ 4-Methylephedrine

☐ alpha-PVP \*\*

☐ MDPV

### BENZODIAZEPINES

☐ Alprazolam \*\*

☐ Chlordiazepoxide \*\*

☐ Clonazepam

☐ Diazepam \*\*

☐ Flunitrazepam

☐ Flurazepam \*\*

☐ Lorazepam \*\*

☐ Midazolam

### BENZODIAZEPINES

(continued)

☐ Oxazepam \*\*

☐ Temazepam \*\*

☐ Triazolam

### CANNABINOIDS

☐ 4-Methylephedrine

☐ JWH-018-metabolite

☐ JWH-250-metabolite

### ILLICITS

☐ 6-Acetylcodeine-Heroin

☐ 6-MAM-Heroin \*\*

☐ Benzoylcegonine-Cocaine

☐ MDMA-Ecstasy \*\*

☐ Methamphetamine \*\*

☐ Methamphetamine D/L Isomer (Reflex only)

☐ PCP \*\*

### MUSCLE RELAXANTS

☐ Carisoprodol \*\*

☐ Cyclobenzaprine \*\*

☐ Meprobamate

### OPIATES

☐ Codeine \*\*

☐ Hydrocodone \*\*

☐ Hydromorphone \*\*

☐ Morphine \*\*

☐ Propoxyphene \*\*

### OTC ANALGESIC

☐ Acetaminophen \*\*

### SYNTHETIC OPIATES

☐ Alfentanil

☐ Carfentanil

☐ Fentanyl \*\*

☐ Meperidine \*\*

### SYNTHETIC OPIATES

(continued)

☐ Methadone \*\*

☐ Nalbuphine

☐ Naloxone \*\*

☐ Naltrexone \*\*

☐ Pentazocine \*\*

☐ Tapentadol \*\*

☐ Tramadol \*\*

### SEMI-SYNTHETIC OPIATES

☐ Buprenorphine \*\*

☐ Oxycodone \*\*

☐ Oxymorphone \*\*

☐ Suboxone

### SLEEP AIDS

☐ Zolpidem \*\*

### STIMULANTS

☐ Amphetamine \*\*

☐ Ephedrine

☐ Methylphenidate \*\*

☐ Phentermine \*\*

☐ Ritalinic Acid

### TRICYCLIC ANTIDEPRESSANTS

☐ Amitriptyline \*\*

☐ Desipramine \*\*

☐ Doxepin \*\*

☐ Imipramine \*\*

☐ Nortriptyline \*\*

### OTHER

☐ Cotinine-Nicotine \*\*

☐ Dextrophan

☐ Kava Plant

☐ Ketamine \*\*

☐ Kratom-Mitragynine \*\*

☐ Loperamide

☐ Tianeptine

## 8 TESTING - PATIENT MEDICATIONS

☐ No Prescribed Medications ☐ Current Medication List Attached

Confirm the prescribed medications checked below for testing

☐ Abilify

☐ Actiq

☐ Acetaminophen

☐ Adderall

☐ Alprazolam

☐ Ambien

☐ Amitriptyline

☐ Amphetamine

☐ Ativan

☐ Buprenorphine

☐ Butalbital

☐ Butisol

☐ Butrans

☐ Carisoprodol

☐ Celexa

☐ Clonazepam

☐ Codeine

☐ Concerta

☐ Cymbalta

☐ Dalmane

☐ Demerol

☐ Desyrel

☐ Diastat

☐ Diazepam

☐ Dilaudid

☐ Doxepin

☐ Duragesic

☐ Effexor

☐ Elavil

☐ Fentanyl

☐ Fioricet

☐ Flexeril

☐ Gabapentin

☐ Halcion

☐ Hydrocodone

☐ Hydromorphone

☐ Klonopin

☐ Lexapro

☐ Lorazepam

☐ Lorcet

☐ Lortab

☐ Lyrica

☐ Methadone

☐ Miltown

☐ Mitragynine

☐ Morphine

☐ MS Contin

☐ Mysoline

☐ Naloxone

☐ Naltrexone

☐ Narcan

☐ Neurontin

☐ Nembutal

☐ Norco

☐ Nubain

☐ Nucynta

☐ Oleptro

☐ Opana

☐ Oxycodone

☐ Oxycotin

☐ Oxymorphone

☐ Paxil

☐ Percocet

☐ Phenobarbital

☐ Pregabalin

☐ Primidone

☐ Prozac

☐ Quetiapine

☐ Risperdal

☐ Ritalin

☐ Roxicodone

☐ Restoril

☐ Rohypnol

☐ Seconal

☐ Seroquel

☐ Soma

☐ Sonata

☐ Suboxone

☐ Subutex

☐ Suprenza

☐ Talwin

☐ Temazepam

☐ Topamax

☐ Tramadol

☐ Trazodone

☐ Tylenol #3

☐ Tylenol #4

☐ Ultram

☐ OTHER:

☐ OTHER:

☐ Valium

☐ Versed

☐ Vicodin

☐ Vivitrol

☐ Vyvanse

☐ Wellbutrin

☐ Xanax

☐ Zoloft

☐ Zolpidem

☐ Zubsolv

## 9 PATIENT AUTHORIZATION - REQUIRED

I hereby acknowledge that the urine specimen I have provided is my own and has not been altered in any way. I am voluntarily providing this specimen, as ordered by my physician or counselor, for analysis by VHL. I authorize VHL to release the results of this testing to any of my treating physicians or facilities. I authorize insurance payments to be made to VHL for the lab services provided and assign to VHL my right to receive all payments from my insurer(s) for the lab tests. I also agree that in the case where my insurance provider sends payment directly to me, I will not cash the check and spend the money, but rather I agree to endorse the insurance check and forward it to VHL. I understand that I am financially responsible for any and all payment associated with lab services, including payment of any deductibles or co-insurance charges, charges denied by my insurance carrier or if I do not have valid insurance.

**COLLECTING INSTRUCTIONS:** No person other than the specimen tech in the restroom during collection and no personal items allowed.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Collection Date/Time: \_\_\_\_\_

## PROVIDER NAME AND ADDRESS

## 4 MEDICAL NECESSITY

- ☐ I am unable to test for these drugs using a Point of Care test cup. I need to identify a specific substance that is inadequately detected by a presumptive drug test.
- ☐ I need to identify suspected use of non-prescribed medication or illicit drugs so that I may minimize the potential of patient harm.
- ☐ Patient has documented history of drug abuse.
- ☐ Patient has been prescribed medication in drug classes requested for testing.
- ☐ This is a base-line evaluation for a new patient.
- ☐ Other:

## 5 DIAGNOSIS CODES - REQUIRED

- ☐ Z79.891 Long term opioid use ☐ M54.4 Lumbago
- ☐ Z79.899 Other long term drug therapy ☐ F11.20 Opioid dependence
- ☐ F19.20 Unspecified drug dependence ☐ G89.29 Other Chronic Pain

This list is intended to be used as a reference to assist ordering physicians in providing ICD-10 Codes as required by Medicare and other insurers to determine medical necessity of testing being ordered. This is not an exhaustive list of all applicable diagnoses and is for educational purposes. Physicians are not required to use these codes but should report the diagnostic codes that best describes the reason for performing the test based on individual patient diagnoses. It is the physicians responsibility to determine both the medical need for, and the utilization of, all health care services ordered.

Documentation required in patient record per date of service based on medical necessity and risk stratifications for testing ordered

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### ANTI-PSYCHOTICS

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☐ Quetiapine

### BARBITURATES

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☐ Phenobarbital

### BATH SALTS

☐ 4-Methylephedrine

☐ alpha-PVP \*\*

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Collection Date/Time: \_\_\_\_\_

DRUGS / METABOLITES	COMPREHENSIVE	STANDARD	ORAL
<b>Alcohol</b>			
EtG/Ets	●	●	
<b>Amphetamines</b>			
Amphetamine	●	●	●
MDMA	●	●	●
Methamphetamine	●	●	●
Methamphetamine D/L Isomer	●	●	●
Phentermine	●		●
<b>Antidepressants</b>			
Amitriptyline	●		●
Bupropion	●		
Citalopram	●		●
Desipramine	●		●
Desmethyldoxepin	●		●
Doxepin	●		●
Duloxetine	●		●
Fluoxetine	●		●
Imipramine	●		●
Nortriptyline	●		●
o-Desmethylvenlafaxine	●		●
Paroxetine	●		●
Sertraline	●		●
Trazodone	●		●
Venlafaxine	●		●
<b>Anti-Epileptics</b>			
Gabapentin	●		●
Pregabalin	●		●
<b>Anti-Psychotics</b>			
Aripiprazole	●		
Quetiapine	●		
Norquetiapine	●		
<b>Barbiturates</b>			
Butalbital	●		
Phenobarbital	●		
<b>Bath Salts</b>			
4-Methylephedrine (Mephedrone)	●		
alpha-PVP	●		●
MDPV 3,4-Methylenedioxy-provalerone	●		
<b>Benzodiazepines</b>			
2-Hydroxyethylflurazepam	●	●	●
7-Aminoclonazepam	●	●	●
7-Aminoflunitrazepam	●	●	●
alpha-Hydroxyalprazolam	●	●	●
alpha-Hydroxymidazolam	●	●	●
alpha-Hydroxytriazolam	●	●	●
Alprazolam	●	●	●
Chlordiazepoxide	●		●
Clonazepam	●	●	
Diazepam	●	●	●
Flunitrazepam	●	●	
Flurazepam	●	●	
Lorazepam	●	●	●
Midazolam	●	●	
Nordiazepam	●	●	●
Oxazepam	●	●	●
Temazepam	●	●	●
Triazolam	●	●	
<b>Cannabinoids</b>			
THC COOH-urine	●		●
JWH-018 4-Hydroxypentyl metabolite	●		
JWH-250-metabolite	●		
<b>Illicit</b>			
6-Acetylcodeine-Heroin	●		
6-MAM-Heroin	●	●	●
Benzoyllecgonine - Cocaine	●	●	●
PCP	●	●	●

DRUGS / METABOLITES	COMPREHENSIVE	STANDARD	ORAL
<b>Miscellaneous</b>			
7-Hydroxymitragynine	●		●
Dihydrokavain	●		●
Kavain	●		●
Norketamine	●		●
<b>Muscle Relaxants</b>			
Carisoprodol	●		●
Cyclobenzaprine	●		●
Meprobamate	●		●
<b>Narcotic Analgesics</b>			
Buprenorphine	●	●	●
EDDP	●	●	●
Fentanyl	●	●	●
Meperidine	●		●
Methadone	●	●	●
N-Desmethyltapentadol	●		●
Norbuprenorphine	●	●	●
Norfentanyl	●	●	●
Normeperidine	●		●
o-Desmethyl-cis-tramadol	●	●	●
Pentazocine	●		●
Propoxyphene	●		●
Tapentadol	●		●
Tramadol	●	●	●
<b>Opiates</b>			
Codeine	●	●	●
Dihydrocodeine	●		●
Hydrocodone	●	●	●
Hydromorphone	●	●	●
Morphine	●	●	●
Norhydrocodone	●	●	●
Noroxycodone	●	●	●
Oxycodone	●	●	●
Oxymorphone	●	●	●
<b>Over the Counter</b>			
Acetaminophen	●		●
Dextromethorphan	●		●
Dextrophan	●		●
<b>Synthetic Opiates</b>			
Alfentanil	●		
Carfentanil	●		
Nalbuphine	●		
Naloxone	●		●
Naltrexone	●		●
<b>Sleep Aids</b>			
Zolpidem	●	●	●
<b>Stimulants</b>			
Ephedrine	●		
Methylphenidate	●		●
Ritalinic Acid	●		●
<b>Other</b>			
Cotinine-Nicotine	●		●
Kava Plant	●		
Ketamine	●		●
Kratom-Mitragynine	●		●
n-desmethyl-Loperamide	●		
Tianeptine	●		

#### Drug Comp Screen

Amphetamine Screen  
Barbiturate Screen  
Benzodiazepine Screen  
Buprenorphine Screen

Cannabinoid (THC) Screen  
Cocaine Metabolite Screen  
MDMA - Ecstasy Screen  
Methadone Screen

Opiate Screen  
Oxycodone Screen  
PCP Screen  
Propoxyphene Screen