



TOXICOLOGY REQUISITION

1307-A Allen Drive, Troy, MI 48083
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Patient Name: _____
Date of Birth: _____
Collection Date/Time: _____

PROVIDER NAME AND ADDRESS

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 _____

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: _____

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

Standard Oral Comprehensive Custom Perform Testing Selected Below *Other:* _____

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

<input type="checkbox"/> ALCOHOL <input type="checkbox"/> EtG/EtS	<input type="checkbox"/> BARBITURATES <input type="checkbox"/> Butalbital <input type="checkbox"/> Phenobarbital	<input type="checkbox"/> BENZODIAZEPINES (continued) <input type="checkbox"/> Oxazepam <input type="checkbox"/> Temazepam <input type="checkbox"/> Triazolam	<input type="checkbox"/> MUSCLE RELAXANTS <input type="checkbox"/> Carisoprodol <input type="checkbox"/> Cyclobenzaprine <input type="checkbox"/> Meprobamate	<input type="checkbox"/> SYNTHETIC OPIATES (continued) <input type="checkbox"/> Meperidine <input type="checkbox"/> Nalbuphine <input type="checkbox"/> Naloxone <input type="checkbox"/> Naltrexone <input type="checkbox"/> Pentazocine <input type="checkbox"/> Methadone <input type="checkbox"/> Tapentadol <input type="checkbox"/> Tramadol	<input type="checkbox"/> STIMULANTS <input type="checkbox"/> Amphetamine <input type="checkbox"/> Ephedrine <input type="checkbox"/> Methylphenidate <input type="checkbox"/> Phentermine <input type="checkbox"/> Ritalinic Acid
<input type="checkbox"/> ANTIDEPRESSANTS <input type="checkbox"/> Citalopram <input type="checkbox"/> Duloxetine <input type="checkbox"/> Fluoxetine <input type="checkbox"/> Paroxetine <input type="checkbox"/> Sertraline <input type="checkbox"/> Bupropion <input type="checkbox"/> Trazodone <input type="checkbox"/> Venlafaxine	<input type="checkbox"/> BATH SALTS <input type="checkbox"/> alpha-PVP <input type="checkbox"/> MDPV	<input type="checkbox"/> CANNABINOIDS <input type="checkbox"/> THC-COOH <input type="checkbox"/> JWH-018-metabolite <input type="checkbox"/> JWH-250-metabolite	<input type="checkbox"/> OPIATES <input type="checkbox"/> Codeine <input type="checkbox"/> Hydrocodone <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Morphine <input type="checkbox"/> Propoxyphene	<input type="checkbox"/> SEMI-SYNTHETIC OPIATES <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Oxycodone <input type="checkbox"/> Oxymorphone <input type="checkbox"/> Suboxone	<input type="checkbox"/> TRICYCLIC ANTIDEPRESSANTS <input type="checkbox"/> Amitriptyline <input type="checkbox"/> Nortriptyline <input type="checkbox"/> Desipramine <input type="checkbox"/> Doxepin <input type="checkbox"/> Imipramine
<input type="checkbox"/> ANTI-EPILEPTICS <input type="checkbox"/> Gabapentin <input type="checkbox"/> Pregabalin	<input type="checkbox"/> BENZODIAZEPINES <input type="checkbox"/> Alprazolam <input type="checkbox"/> Chlordiazepoxide <input type="checkbox"/> Clonazepam <input type="checkbox"/> Diazepam <input type="checkbox"/> Flunitrazepam <input type="checkbox"/> Flurazepam <input type="checkbox"/> Lorazepam <input type="checkbox"/> Midazolam	<input type="checkbox"/> ILLICITS <input type="checkbox"/> 6-Acetylcodeine-Heroin <input type="checkbox"/> 6-MAM-Heroin <input type="checkbox"/> Benzoyllecgonine-Cocaine <input type="checkbox"/> MDMA-Ecstasy <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Methamphetamine D/L Isomer (Reflex only) <input type="checkbox"/> PCP	<input type="checkbox"/> OTC ANALGESIC <input type="checkbox"/> Acetaminophen	<input type="checkbox"/> SYNTHETIC OPIATES <input type="checkbox"/> Alfentanil <input type="checkbox"/> Carfentanil <input type="checkbox"/> Fentanyl <input type="checkbox"/> Sufentanil	<input type="checkbox"/> OTHER <input type="checkbox"/> Cotinine-Nicotine <input type="checkbox"/> Dextrophan <input type="checkbox"/> Kava Plant <input type="checkbox"/> Ketamine <input type="checkbox"/> Kratom-Mitragynine <input type="checkbox"/> Tianeptine <input type="checkbox"/> Loperamide

8 TESTING - PATIENT MEDICATIONS

No Prescribed Medications Current Medication List Attached

Confirm the prescribed medications checked below for testing

<input type="checkbox"/> Abilify	<input type="checkbox"/> Carisoprodol	<input type="checkbox"/> Duragesic	<input type="checkbox"/> Lorcet	<input type="checkbox"/> Nembutal	<input type="checkbox"/> Primidone	<input type="checkbox"/> Subutex	<input type="checkbox"/> Valium
<input type="checkbox"/> Actiq	<input type="checkbox"/> Celebra	<input type="checkbox"/> Effexor	<input type="checkbox"/> Lortab	<input type="checkbox"/> Norco	<input type="checkbox"/> Prozac	<input type="checkbox"/> Suprenza	<input type="checkbox"/> Versed
<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Clonazepam	<input type="checkbox"/> Elavil	<input type="checkbox"/> Lyrica	<input type="checkbox"/> Nubain	<input type="checkbox"/> Quetiapine	<input type="checkbox"/> Talwin	<input type="checkbox"/> Vicodin
<input type="checkbox"/> Adderall	<input type="checkbox"/> Codeine	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Methadone	<input type="checkbox"/> Nucynta	<input type="checkbox"/> Risperdal	<input type="checkbox"/> Temazepam	<input type="checkbox"/> Vivitrol
<input type="checkbox"/> Alprazolam	<input type="checkbox"/> Concerta	<input type="checkbox"/> Fioricet	<input type="checkbox"/> Miltown	<input type="checkbox"/> Oleptro	<input type="checkbox"/> Ritalin	<input type="checkbox"/> Topamax	<input type="checkbox"/> Vyvanse
<input type="checkbox"/> Ambien	<input type="checkbox"/> Cymbalta	<input type="checkbox"/> Flexeril	<input type="checkbox"/> Mitragynine	<input type="checkbox"/> Opana	<input type="checkbox"/> Roxicodone	<input type="checkbox"/> Tramadol	<input type="checkbox"/> Wellbutrin
<input type="checkbox"/> Amitriptyline	<input type="checkbox"/> Dalmane	<input type="checkbox"/> Gabapentin	<input type="checkbox"/> Morphine	<input type="checkbox"/> Oxycodone	<input type="checkbox"/> Restoril	<input type="checkbox"/> Trazodone	<input type="checkbox"/> Xanax
<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Demerol	<input type="checkbox"/> Halcion	<input type="checkbox"/> MS Contin	<input type="checkbox"/> Oxycotin	<input type="checkbox"/> Rohypnol	<input type="checkbox"/> Tylenol #3	<input type="checkbox"/> Zoloft
<input type="checkbox"/> Ativan	<input type="checkbox"/> Desyrel	<input type="checkbox"/> Hydrocodone	<input type="checkbox"/> Mysoline	<input type="checkbox"/> Oxymorphone	<input type="checkbox"/> Seconal	<input type="checkbox"/> Tylenol #4	<input type="checkbox"/> Zolpidem
<input type="checkbox"/> Buprenorphine	<input type="checkbox"/> Diastat	<input type="checkbox"/> Hydromorphone	<input type="checkbox"/> Naloxone	<input type="checkbox"/> Paxil	<input type="checkbox"/> Serquel	<input type="checkbox"/> Ultram	<input type="checkbox"/> Zubsolv
<input type="checkbox"/> Butalbital	<input type="checkbox"/> Diazepam	<input type="checkbox"/> Klonopin	<input type="checkbox"/> Naltrexone	<input type="checkbox"/> Percocet	<input type="checkbox"/> Soma	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> Butisol	<input type="checkbox"/> Dilaudid	<input type="checkbox"/> Lexapro	<input type="checkbox"/> Narcan	<input type="checkbox"/> Phenobarbital	<input type="checkbox"/> Sonata	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> Butrans	<input type="checkbox"/> Doxepin	<input type="checkbox"/> Lorazepam	<input type="checkbox"/> Neurontin	<input type="checkbox"/> Pregabalin	<input type="checkbox"/> Suboxone		

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.

x _____
Patient Signature Date

10 PRACTITIONER SIGNATURE - REQUIRED

I hereby order VHL to perform the screening and/or confirmation testing on the drugs ordered above. I represent that these tests are medically necessary for each of the drugs selected. The drugs selected are of my own choosing, and not that of VHL. This order is based on the individual needs of this patient and is not a panel test for all patients in my practice. I hold VHL harmless from any tests it performs pursuant to this order which are subsequently determined not to be medically necessary.

x _____
Authorized Provider Signature Date

Patient Name: _____

Date of Birth: _____

Collection Date/Time: _____

DRUGS / METABOLITES	COMPREHENSIVE	STANDARD	ORAL
Alcohol			
Ethanol Biomarkers	●	●	
EtG/Ets	●	●	
Amphetamines			
Amphetamine	●	●	●
MDA			●
MDEA			●
MDMA	●	●	●
Methamphetamine	●	●	●
Methamphetamine D/L Isomer	●	●	
Phentermine	●		●
Antidepressants			
Amitriptyline	●		●
Bupropion	●		
Citalopram	●		●
Clomipramine			●
Desipramine	●		●
Desmethyldoxepin	●		●
Doxepin	●		●
Duloxetine	●		●
Fluoxetine	●		●
Imipramine	●		●
Maprotiline			●
Nortryptiline	●		●
o-Desmethylvenlafaxine	●		●
Paroxetine	●		●
Sertraline	●		●
Trazodone	●		
Trimipramine			●
Venlafaxine	●		●
Anti-Epileptics			
Gabapentin	●		●
Pregabalin	●		●
Anti-Psychotics			
Aripiprazole	●		
Quetiapine	●		
Barbiturates			
Butalbital	●		
Phenobarbital	●		
Bath Salts			
4-Methylephedrine (Mephedrone)	●		
alpha-PVP	●		●
MDPV 3,4-Methylenedioxy-provalerone	●		
Benzodiazepines			
2-Hydroxyethylflurazepam	●	●	●
7-Aminoclonazepam	●	●	●
7-Aminoflunitrazepam	●	●	●
alpha-Hydroxyalprazolam	●	●	●
alpha-Hydroxymidazolam	●	●	●
alpha-Hydroxytriazolam	●	●	●
Alprazolam	●	●	●
Chlordiazepoxide	●		●
Clonazepam	●	●	
Desalkylflurazepam			●
Diazepam	●	●	●
Flunitrazepam	●	●	
Flurazepam	●	●	
Lorazepam	●	●	●
Midazolam	●	●	
Nordiazepam	●	●	●
Oxazepam	●	●	●
Temazepam	●	●	●
Triazolam	●	●	
Cannabinoids			
THC COOH-urine	●		●
JWH-018 4-Hydroxypentyl metabolite	●		
JWH-250-metabolite	●		
Cathinones			
4-Methylcathinone			●
Ethylone			●
Methylhexamine (DMAA)			●
Methylone			●
Pentadone			●

DRUGS / METABOLITES	COMPREHENSIVE	STANDARD	ORAL
Illicit			
6-Acetylcodeine-Heroin	●		
6-MAM-Heroin	●	●	●
Benzoylcocaine - Cocaine	●	●	●
PCP	●	●	●
Miscellaneous			
7-Hydroxymitragynine			●
Desmethoxyangonin			●
Dihydrokavain			●
Kavain			●
Norketamine			●
Muscle Relaxants			
Carisoprodol	●		●
Cyclobenzaprine	●		●
Meprobamate	●		●
Narcotic Analgesics			
Buprenorphine	●	●	●
EDDP	●	●	●
Fentanyl	●	●	●
Meperidine	●		●
Metadone	●	●	●
N-Desmethyltapentadol			●
Norbuprenorphine	●	●	●
Norfentanyl	●	●	●
Normeperidine	●		●
o-Desmethyl-cis-tramadol	●	●	●
Pentazocine	●		●
Propoxyphene	●		●
Tapentadol	●		●
Tramadol	●	●	●
Opiates			
Codeine	●	●	●
Dihydrocodeine			●
Hydrocodone	●	●	●
Hydromorphone	●	●	●
Morphine	●	●	●
Norhydrocodone	●	●	●
Noroxycodone	●	●	●
Oxycodone	●	●	●
Oxymorphone	●	●	●
Over the Counter			
Acetaminophen	●		●
Dextromethorphan	●		●
Dextrorphan	●		●
Naproxen			●
Synthetic Cannabinoids			
STS135			●
UR144			●
XLR11			●
Synthetic Opiates			
Alfentanil	●		
Carfentanil	●		
Nalbuphine	●		
Naloxone	●		●
Naltrexone	●		●
Sleep Aids			
Zolpidem	●	●	●
Stimulants			
Ephedrine	●		
Methylphenidate	●		●
Ritalinic Acid	●		●
Other			
Cotinine-Nicotine	●		●
Kava Plant	●		
Ketamine	●		●
Kratom-Mitragynine	●		●
n-desmethyl-Loperamide	●		
Tianeptine	●		

Drug Comp Screen

Amphetamine Screen	Cannabinoid (THC) Screen	Opiate Screen
Barbiturate Screen	Cocaine Metabolite Screen	Oxycodone Screen
Benzodiazepine Screen	MDMA - Ecstasy Screen	PCP Screen
Buprenorphine Screen	Methadone Screen	Propoxyphene Screen