TOXICOLOGY REQUISITION

VIBRA HEALTHLAB
1307-A Allen Drive
Troy, MI 48083
Ph: 248-846-0663
Fax: 248-602-0627

Patient Name: _____

Date of Birth: _____

Collection Date/Time: _____

PATIENT & INSURANCE INFORMATION (Required)

*Attach demo and front/back of card

Last Name: | First Name: | DOB:

Patient Address: | ☐ Male ☐ Female

☐ Patient Self Pay ☐ Facility Pay ☐ Insurance Pay

Insurance | ID/Claim: | DOI/DOA ☐ Auto ☐ Worker

PROVIDER NAME AND ADDRESS (Required)

ICD-10 TREATMENT CODES (Required)

☐ F10.20 ☐ Z79.891 ☐ _____

☐ F11.20 ☐ Z79.899 ☐ _____

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 healthcare services ordered.

RISK ASSESSMENT *

☐ Low (2x in 365 days)
☐ Moderate (2x in 180 days)
☐ High (3x in 90 days)

*Required for Chronic Opiate Therapy (COT)

MEDICAL NECESSITY (Required)

☐ Identifies absence of prescribed medication
☐ Identifies undisclosed substances
☐ Identifies substances that contribute to adverse drug events or drug-drug interactions
☐ Positive Point-of-Care Screens
☐ Provides objectivity to the treatment plan
☐ New patient evaluation
☐ Other: _____

MEDICATIONS (ATTACH PATIENT'S MEDICATION LIST) (Required)

- ☐ 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
- ☐ Naloxone
- ☐ Naltrexone
- ☐ Narcan
- ☐ Neurontin
- ☐ Nembutal
- ☐ Norco
- ☐ Nubain
- ☐ Nucynta
- ☐ Oleptro
- ☐ Opana
- ☐ Oxycodone
- ☐ Oxycontin
- ☐ Oxymorphone
- ☐ Paxil
- ☐ Percocet
- ☐ Phenobarbital
- ☐ Pregabalin
- ☐ Primidone
- ☐ Prozac
- ☐ Quetiapine
- ☐ Risperdal
- ☐ Ritalin
- ☐ Roxicodone
- ☐ Restoril
- ☐ Rohypnol
- ☐ Seconal
- ☐ Seroquel
- ☐ Soma
- ☐ Sonata
- ☐ Suboxone
- ☐ Subutex
- ☐ Suprenza
- ☐ Talwin
- ☐ Temazepam
- ☐ Tramadol
- ☐ Trazodone
- ☐ Tylenol #3
- ☐ Tylenol #4
- ☐ Ultram
- ☐ Valium
- ☐ Versed
- ☐ Vicodin
- ☐ Vivitrol
- ☐ Vyvanse
- ☐ Wellbutrin
- ☐ Xanax
- ☐ Zoloft
- ☐ Zolpidem
- ☐ Zubsolv
- ☐ OTHER: _____
- ☐ OTHER: _____
- ☐ OTHER: _____
- ☐ OTHER: _____
- ☐ OTHER: _____

SPECIMEN INFORMATION

Collector Name: _____

Specimen Type: ☐ Urine ☐ Oral Fluid

Collection Date: ___/___/___

Collection Time: _____ ☐ AM ☐ PM

4-Min Temp. Check: ☐ YES ☐ NO

Temp 90-100° F: ☐ YES ☐ NO

POINT-OF-CARE SCREEN RESULTS (Required if Performed In House)

Pos	Neg		Pos	Neg		Pos	Neg		Pos	Neg	
☐	☐	Amphetamines	☐	☐	Buprenorphine	☐	☐	Methadone	☐	☐	Oxycodone
☐	☐	Barbiturates	☐	☐	Cocaine	☐	☐	Methamphetamine	☐	☐	Phencyclidine (PCP)
☐	☐	Benzodiazepines	☐	☐	Marijuana (THC)	☐	☐	Opiates	☐	☐	Propoxyphene

IMMUNOASSAY SCREEN (Required If No POC)

Specimen Validity included in **all Requested Screens and Confirmations

☐ **Immunoassay Screen**

- ☐ Alcohol
- ☐ Amphetamines
- ☐ Barbiturates
- ☐ Benzodiazepines
- ☐ Buprenorphine
- ☐ Cocaine
- ☐ Fentanyl
- ☐ Methadone
- ☐ Cotinine (Nicotine)
- ☐ Opiates
- ☐ Oxycodone
- ☐ Phencyclidine
- ☐ THC

☐ **Immunoassay Screen with EDDP**

- ☐ Alcohol
- ☐ Amphetamines
- ☐ Barbiturates
- ☐ Benzodiazepines
- ☐ Buprenorphine
- ☐ Cocaine
- ☐ Cotinine(Nicotine)
- ☐ EDDP
- ☐ Fentanyl
- ☐ Methadone
- ☐ Methamphetamine
- ☐ Opiate
- ☐ Oxycodone
- ☐ Phencyclidine(PCP)
- ☐ THC

CONFIRMATION, GROUP PANELS

** *Targets are available for Oral Fluid Testing*

☐ Reflex from Positive Screen ☐ Reflex Prescribed Medication ☐ Custom Panel

☐ **Alcohol**
- ☐ EtG/EtS

☐ **Alkaloids,Not Otherwise Specified**
- ☐ Kratom-7-OH-Mitragynine
- ☐ Cotinine-Nicotine **
- ☐ Kratom-Mitragynine **
- ☐ Psilocin

☐ **Amphetamines**
- ☐ Amphetamine **
- ☐ Ephedrine
- ☐ Methamphetamine **
- ☐ Phentermine **

☐ **Analgesics, Non-Opioid**
- ☐ Acetaminophen **

☐ **Antidepressants, Not Otherwise Specified**
- ☐ Bupropion
- ☐ O-Desmethylvenlafaxine
- ☐ Venlafaxine **

☐ **Antidepressants, Serotonergic Class**
- ☐ Citalopram **
- ☐ Duloxetine **
- ☐ Fluoxetine **
- ☐ Norfluoxetine
- ☐ Paroxetine **
- ☐ Sertraline **
- ☐ Tianeptine
- ☐ Trazodone

☐ **Antidepressants, Tricyclic and Other Cyclicals**
- ☐ Amitriptyline**
- ☐ Desipramine**
- ☐ Desmethyldoxepin
- ☐ Doxepin **
- ☐ Imipramine **
- ☐ Nortriptyline **

☐ **Antipsychotics, Not Otherwise Specified**
- ☐ Aripiprazole
- ☐ Norquetiapine
- ☐ Quetiapine **

☐ **Barbiturates**
- ☐ Butalbital
- ☐ Phenobarbital

☐ **Benzodiazepines**
- ☐ Alpha-OH-alprazolam
- ☐ Alpha-OH-midazolam
- ☐ Alpha-OH-triazolam
- ☐ Alprazolam**
- ☐ 7-aminoclonazepam **
- ☐ Chlordiazepoxide**
- ☐ Clonazepam**
- ☐ Diazepam**
- ☐ Flunitrazepam
- ☐ Flurazepam **
- ☐ 2-Hydroxyethylflurazepam
- ☐ Lorazepam **
- ☐ Midazolam
- ☐ Nordiazepam **
- ☐ Oxazepam **
- ☐ Temazepam **

☐ **Buprenorphine**
- ☐ Buprenorphine **
- ☐ Norbuprenorphine **

☐ **Cannabinoids, Natural**
- ☐ THC-COOH **

☐ **Cannabinoids,Synthetic**
- ☐ JWH-250 4-Hydroxypentyl
- ☐ JWH-018 5-Pentanoic Acid

☐ **Cocaine**
- ☐ Benzoylecgonine **
- ☐ Cocaine **

☐ **Fentanyl/Fentanyl Analogs**
- ☐ Alfentanil
- ☐ Carfentanil
- ☐ Fentanyl **
- ☐ Norfentanyl **

☐ **Gabapentin, Non-Blood**
- ☐ Gabapentin **

☐ **Heroin**
- ☐ 6-Acetylcodeine-Heroin
- ☐ 6-MAM-Heroin **
- ☐ Heroin **

☐ **Ketamine**
- ☐ Ketamine **
- ☐ Norketamine **

☐ **Methadone**
- ☐ EDDP **
- ☐ Methadone **

☐ **Methylenedioxy Amphetamines**
- ☐ MDMA-Ecstasy **

☐ **Methylphenidate**
- ☐ Methylphenidate **
- ☐ Ritalinic Acid **

☐ **Opiates**
- ☐ Codeine **
- ☐ Hydrocodone **
- ☐ Hydromorphone **
- ☐ Morphine **
- ☐ Norcodeine
- ☐ Norhydrocodone **
- ☐ Normorphine

☐ **Opioids/Opiate Analogs**
- ☐ 6-alpha-Naloxol
- ☐ 6-beta-Naltrexol
- ☐ Dextromethorphan
- ☐ Dextrorphan
- ☐ Meperidine **
- ☐ Nalbuphine
- ☐ Naloxone **
- ☐ Naltrexone **
- ☐ Normeperidine
- ☐ Pentazocine

☐ **Oxycodone**
- ☐ Noroxycodone **
- ☐ Oxycodone **
- ☐ Oxymorphone **

☐ **Pregabalin**
- ☐ Pregabalin **

☐ **Propoxyphene**
- ☐ Propoxyphene **

☐ **Phencyclidine**
- ☐ PCP **

☐ **Sedative Hypnotics (Nonbenzodiazepines)**
- ☐ Zolpidem **

☐ **Skeletal Muscle Relaxants**
- ☐ Carisoprodol **
- ☐ Cyclobenzaprine **
- ☐ Meprobamate **

☐ **Stereoisomer (Enantiomer)Analysis**
- ☐ Methamphetamine D/L Isomer *

*Reflex only

☐ **Stimulants**
- ☐ alpha-PVP **
- ☐ MDPV

☐ **Tapentadol**
- ☐ N-Desmethyltapentadol
- ☐ Tapentadol **

☐ **Tramadol**
- ☐ O-Desmethyl-cis-tramadol**
- ☐ Tramadol **

☐ **Others**
- ☐ 4-Hydroxy-Xylazine
- ☐ Kava Plant
- ☐ LSD
- ☐ N-Desmethyl-Loperamide
- ☐ Xylazine

PATIENT AUTHORIZATION - REQUIRED

I confirm that the sample I provided is mine and hasn't been altered. I allow VHL to share my test results with my doctors and to bill my insurance. I understand that I'm responsible for any unpaid fees.

x _____ Patient Signature

_____ Date

PROVIDER AUTHORIZATION - REQUIRED

I'm ordering VHL to test the chosen drugs, which I believe are necessary for this patient. These drugs are my choice, not VHL's. This order is specific to this patient's needs and not for everyone in my practice. I release VHL from any tests they conduct that aren't medically necessary later.

_____ Authorized Provider Signature

_____ Date

DRUGS/METABOLITES	URINE	SCREEN	ORAL
Alcohol			
EtG/EtS	●	●	
Alkaloids, Not Otherwise Specified			
7-OH-Mitragynine	●		
Cotinine-Nicotine	●	●	●
Kratom-Mitragynine	●		●
Psilocin	●		
Amphetamines			
Amphetamine	●	●	●
Ephedrine	●		
Methamphetamine	●	●	●
Phentermine	●		●
Analgesics, Non-Opioid			
Acetaminophen	●		●
Antidepressants, Not Otherwise Specified			
Bupropion	●		
O-Desmethylvenlafaxine	●		
Venlafaxine	●		●
Antidepressants, Serotonergic Class			
Citalopram	●		●
Duloxetine	●		●
Fluoxetine	●		●
Norfluoxetine	●		
Paroxetine	●		●
Sertraline	●		●
Tianeptine	●		
Trazodone	●		
Antidepressants, Tricyclic And Other Cyclicals			
Amitriptyline	●		●
Desipramine	●		●
Desmethyldoxepin	●		
Doxepin	●		●
Imipramine	●		●
Nortriptyline	●		●
Antipsychotics, Not Otherwise Specified			
Aripiprazole	●		
Norquetiapine	●		
Quetiapine	●		●
Barbiturates			
Butalbital	●	●	
Phenobarbital	●	●	
Benzodiazepines			
Alpha-OH-alprazolam	●	●	
Alpha-OH-midazolam	●		
Alpha-OH-triazolam	●	●	
Alprazolam	●	●	●
7-aminoclonazepam	●	●	●
Chlordiazepoxide	●	●	●
Clonazepam	●	●	●
Diazepam	●	●	●
Flunitrazepam	●	●	
Flurazepam	●	●	●
2-Hydroxyethylflurazepam	●	●	
Lorazepam	●	●	●
Midazolam	●		
Nordiazepam	●	●	●
Oxazepam	●	●	●
Temazepam	●	●	●
Buprenorphine			
Buprenorphine	●	●	●
Norbuprenorphine	●	●	●
Cannabinoids, natural			
THC-COOH	●	●	●
Cannabinoids, synthetic			
JWH-250 4-Hydroxypentyl	●	●	
JWH-018 5-Pentanoic Acid	●	●	
Cocaine			
Benzoylecgonine	●	●	●
Cocaine			●
Fentanyl			
Alfentanil	●	●	
Carfentanil	●	●	
Fentanyl	●	●	●
Norfentanyl	●	●	●

DRUGS/METABOLITES	URINE	SCREEN	ORAL
Gabapentin, non-blood			
Gabapentin	●		●
Heroin			
6-Acetylcodeine-Heroin	●	●	
6-MAM-Heroin	●	●	●
Heroin			●
Ketamine			
Ketamine	●		●
Norketamine	●		●
Methadone			
EDDP	●	●	●
Methadone	●	●	●
Methylenedioxy Amphetamines			
MDMA-Ecstasy	●	●	●
Methylphenidate			
Methylphenidate	●		●
Ritalinic Acid	●		●
Opiates			
Codeine	●	●	●
Hydrocodone	●	●	●
Hydromorphone	●	●	●
Morphine	●	●	●
Norcodeine	●		
Norhydrocodone	●		●
Normorphine	●		
Opioids/Opiate Analogs			
6-alpha-Naloxol	●		
6-beta-Naltrexol	●		
Dextromethorphan	●		
Dextrorphan	●		
Meperidine	●		●
Nalbuphine	●		
Naloxone	●		●
Naltrexone	●		●
Normeperidine	●		
Pentazocine	●		
Oxycodone			
Noroxycodone	●	●	●
Oxycodone	●	●	●
Oxymorphone	●	●	●
Pregabalin			
Pregabalin	●		●
Propoxyphene			
Propoxyphene	●		●
Phencyclidine			
PCP	●	●	●
Sedative Hypnotics(Nonbenzodiazepines)			
Zolpidem	●		●
Skeletal Muscle Relaxants			
Carisoprodol	●		●
Cyclobenzaprine	●		●
Meprobamate	●		●
Stereoisomer (enantiomer) analysis			
Methamphetamine D/L Isomer	●		
Stimulants			
alpha-PVP	●		●
MDPV	●		
Tapentadol			
N-Desmethyltapentadol	●		
Tapentadol	●		●
Tramadol			
O-Desmethyl-cis-tramadol	●		●
Tramadol	●		●
Others			
4-Hydroxy Xylazine	●		
Kava Plant	●		
LSD	●		
N-Desmethyl-Loperamide	●		
Xylazine	●		