

TOXICOLOGY REQUISITION



1307-A Allen Drive
Troy, MI 48083
Ph: 248-846-0663
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Patient Name: _____

Date of Birth: _____

Collection Date/Time: _____

PATIENT & INSURANCE INFORMATION (Required)		*Attach demo and front/back of card	PROVIDER NAME AND ADDRESS (Required)
Last Name:	First Name:	DOB:	
Patient Address:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Patient Self Pay	<input type="checkbox"/> Facility Pay	<input type="checkbox"/> Insurance Pay	
Insurance	ID/Claim:	DOI/DOA <input type="checkbox"/> Auto <input type="checkbox"/> Worker	

ICD-10 TREATMENT CODES (Required)	RISK ASSESSMENT *	MEDICAL NECESSITY (Required)
<input type="checkbox"/> F10.20 <input type="checkbox"/> Z79.891 <input type="checkbox"/> _____ <input type="checkbox"/> F11.20 <input type="checkbox"/> Z79.899 <input type="checkbox"/> _____	<input type="checkbox"/> Low (2x in 365 days) <input type="checkbox"/> Moderate (2x in 180 days) <input type="checkbox"/> High (3x in 90 days)	<input type="checkbox"/> Identifies absence of prescribed medication <input type="checkbox"/> Identifies undisclosed substances <input type="checkbox"/> Identifies substances that contribute to adverse drug events or drug-drug interactions <input type="checkbox"/> Positive Point-of-Care Screens <input type="checkbox"/> Provides objectivity to the treatment plan <input type="checkbox"/> New patient evaluation <input type="checkbox"/> Other: _____
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.		
*Required for Chronic Opiate Therapy (COT)		

MEDICATIONS (ATTACH PATIENT'S MEDICATION LIST) (Required)															
<input type="checkbox"/> Abilify	<input type="checkbox"/> Carisoprodol	<input type="checkbox"/> Duragesic	<input type="checkbox"/> Lorcet	<input type="checkbox"/> Numbutal	<input type="checkbox"/> Primidone	<input type="checkbox"/> Subutex	<input type="checkbox"/> Vyvanse	<input type="checkbox"/> Actiq	<input type="checkbox"/> Celexa	<input type="checkbox"/> Effexor	<input type="checkbox"/> Lortab	<input type="checkbox"/> Norco	<input type="checkbox"/> Prozac	<input type="checkbox"/> Suprenza	<input type="checkbox"/> Wellbutrin
<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"/> Xanax	<input type="checkbox"/> Adderall	<input type="checkbox"/> Codeine	<input type="checkbox"/> Fioricet	<input type="checkbox"/> Methadone	<input type="checkbox"/> Nucynta	<input type="checkbox"/> Risperdal	<input type="checkbox"/> Temazepam	<input type="checkbox"/> Zoloft
<input type="checkbox"/> Alprazolam	<input type="checkbox"/> Concerta	<input type="checkbox"/> Flexeril	<input type="checkbox"/> Miltoin	<input type="checkbox"/> Olepro	<input type="checkbox"/> Ritalin	<input type="checkbox"/> Tramadol	<input type="checkbox"/> Zolpidem	<input type="checkbox"/> Ambien	<input type="checkbox"/> Cymbalta	<input type="checkbox"/> Flexeril	<input type="checkbox"/> Mitragynine	<input type="checkbox"/> Oxycontin	<input type="checkbox"/> Roxicodone	<input type="checkbox"/> Trazodone	<input type="checkbox"/> Zubsolv
<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"/> Tylenol #3	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Demerol	<input type="checkbox"/> Halcion	<input type="checkbox"/> MS Contin	<input type="checkbox"/> Seroquel	<input type="checkbox"/> Tylenol #4	<input type="checkbox"/> Tylenol #4	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> Ativan	<input type="checkbox"/> Desyrel	<input type="checkbox"/> Hydrocodone	<input type="checkbox"/> Naloxone	<input type="checkbox"/> Oxycontin	<input type="checkbox"/> Rohypnol	<input type="checkbox"/> Seconal	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> Buprenorphine	<input type="checkbox"/> Diastat	<input type="checkbox"/> Hydromorphone	<input type="checkbox"/> Naltrexone	<input type="checkbox"/> Ultram	<input type="checkbox"/> Valium	<input type="checkbox"/> Versed	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> Butalbital	<input type="checkbox"/> Diazepam	<input type="checkbox"/> Klonopin	<input type="checkbox"/> Narcan	<input type="checkbox"/> Paxil	<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"/> Phenobarbital	<input type="checkbox"/> Sonata	<input type="checkbox"/> Vicodin	<input type="checkbox"/> Vivitrol	<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										

SPECIMEN INFORMATION					
Collector Name:	Specimen Type: <input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid	Collection Date: _____	Collection Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	4-Min Temp. Check: <input type="checkbox"/> YES <input type="checkbox"/> NO	Temp 90-100° F: <input type="checkbox"/> YES <input type="checkbox"/> NO

POINT-OF-CARE SCREEN RESULTS (Required if Performed In House)			
Pos Neg <input type="checkbox"/> <input type="checkbox"/> Amphetamines <input type="checkbox"/> <input type="checkbox"/> Barbiturates <input type="checkbox"/> <input type="checkbox"/> Benzodiazepines	Pos Neg <input type="checkbox"/> <input type="checkbox"/> Buprenorphine <input type="checkbox"/> <input type="checkbox"/> Cocaine <input type="checkbox"/> <input type="checkbox"/> Marijuana (THC)	Pos Neg <input type="checkbox"/> <input type="checkbox"/> Methadone <input type="checkbox"/> <input type="checkbox"/> Methamphetamine <input type="checkbox"/> <input type="checkbox"/> Opiates	Pos Neg <input type="checkbox"/> <input type="checkbox"/> Oxycodone <input type="checkbox"/> <input type="checkbox"/> Phencyclidine (PCP) <input type="checkbox"/> <input type="checkbox"/> Propoxyphene

IMMUNOASSAY SCREEN (Required If No POC)		**Specimen Validity Included in all Requested Screens and Confirmations			
<input type="checkbox"/> Immunoassay Screen <input type="checkbox"/> Alcohol <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Fentanyl <input type="checkbox"/> Opiates <input type="checkbox"/> Amphetamines <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Methadone <input type="checkbox"/> Oxycodone <input type="checkbox"/> Barbiturates <input type="checkbox"/> Cocaine <input type="checkbox"/> Cotinine (Nicotine) <input type="checkbox"/> THC <input type="checkbox"/> Phencyclidine	<input type="checkbox"/> Immunoassay Screen with EDDP <input type="checkbox"/> Alcohol <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cotinine (Nicotine) <input type="checkbox"/> Methadone <input type="checkbox"/> Oxycodone <input type="checkbox"/> Amphetamines <input type="checkbox"/> Buprenorphine <input type="checkbox"/> EDDP <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Phencyclidine (PCP) <input type="checkbox"/> Barbiturates <input type="checkbox"/> Cocaine <input type="checkbox"/> Fentanyl <input type="checkbox"/> Opiate <input type="checkbox"/> THC				

CONFIRMATION, GROUP PANELS				** Targets are available for Oral Fluid Testing
<input type="checkbox"/> Reflex from Positive Screen <input type="checkbox"/> Reflex Prescribed Medication <input type="checkbox"/> Custom Panel				
<input type="checkbox"/> Alcohol <input type="checkbox"/> EtG/EtS <input type="checkbox"/> Alkaloids Not Otherwise Specified <input type="checkbox"/> 7-OH-Mitragynine ** <input type="checkbox"/> Cotinine-Nicotine ** <input type="checkbox"/> Kratom-Mitragynine ** <input type="checkbox"/> Amphetamines <input type="checkbox"/> Amphetamine ** <input type="checkbox"/> Ephedrine <input type="checkbox"/> Methamphetamine ** <input type="checkbox"/> Phentermine ** <input type="checkbox"/> Analgesics, Non-Opioid <input type="checkbox"/> Acetaminophen ** <input type="checkbox"/> Antidepressants, Not Otherwise Specified <input type="checkbox"/> Bupropion <input type="checkbox"/> O-Desmethylvenlafaxine ** <input type="checkbox"/> Venlafaxine ** <input type="checkbox"/> Antidepressants, Serotonergic Class <input type="checkbox"/> Citalopram ** <input type="checkbox"/> Duloxetine ** <input type="checkbox"/> Fluoxetine ** <input type="checkbox"/> Norfluoxetine <input type="checkbox"/> Paroxetine ** <input type="checkbox"/> Sertraline ** <input type="checkbox"/> Tianeptine <input type="checkbox"/> Trazodone	<input type="checkbox"/> Antidepressants, Tricyclic and Other Cyclical <input type="checkbox"/> Amitriptyline** <input type="checkbox"/> Desipramine** <input type="checkbox"/> Desmethyllohexipin ** <input type="checkbox"/> Doxepin ** <input type="checkbox"/> Imipramine ** <input type="checkbox"/> Nortriptyline ** <input type="checkbox"/> Antipsychotics, Not Otherwise Specified <input type="checkbox"/> Aripiprazole <input type="checkbox"/> Norquetiapine <input type="checkbox"/> Quetiapine <input type="checkbox"/> Barbiturates <input type="checkbox"/> Butalbital <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Alpha-OH-alprazolam ** <input type="checkbox"/> Alpha-OH-midazolam ** <input type="checkbox"/> Alpha-OH-triazolam ** <input type="checkbox"/> Alprazolam** <input type="checkbox"/> 7-aminoclonazepam ** <input type="checkbox"/> Chlordiazepoxide** <input type="checkbox"/> Clonazepam** <input type="checkbox"/> Diazepam** <input type="checkbox"/> Flunitrazepam <input type="checkbox"/> Flurazepam <input type="checkbox"/> 2-Hydroxyethylflurazepam ** <input type="checkbox"/> Lorazepam ** <input type="checkbox"/> Midazolam <input type="checkbox"/> Nordiazepam ** <input type="checkbox"/> Oxazepam ** <input type="checkbox"/> Temazepam ** <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Buprenorphine ** <input type="checkbox"/> Norbuprenorphine ** <input type="checkbox"/> Cannabinoids, Natural <input type="checkbox"/> THC-COOH ** <input type="checkbox"/> Cannabinoids, Synthetic <input type="checkbox"/> JWH-250 4-Hydroxypentyl <input type="checkbox"/> JWH-018 5-Pentanoic Acid <input type="checkbox"/> Cocaine <input type="checkbox"/> Benzoylcegonine ** <input type="checkbox"/> Cocaine ** <input type="checkbox"/> Fentanyl/Fentanyl Analogs <input type="checkbox"/> Alfentanil <input type="checkbox"/> Carfentanil <input type="checkbox"/> Fentanyl** <input type="checkbox"/> Norfentanyl ** <input type="checkbox"/> Gabapentin, Non-Blood <input type="checkbox"/> Gabapentin ** <input type="checkbox"/> Heroin <input type="checkbox"/> 6-Acetylcodeine-Heroin <input type="checkbox"/> 6-MAM-Heroin ** <input type="checkbox"/> Heroin **	<input type="checkbox"/> Ketamine <input type="checkbox"/> Ketamine ** <input type="checkbox"/> Norketamine ** <input type="checkbox"/> Methadone <input type="checkbox"/> EDDP ** <input type="checkbox"/> Methadone ** <input type="checkbox"/> Methyleneedioxy Amphetamines <input type="checkbox"/> MDMA-Ecstasy ** <input type="checkbox"/> Methylphenidate <input type="checkbox"/> Methylphenidate ** <input type="checkbox"/> Ritalinic Acid ** <input type="checkbox"/> Opiates <input type="checkbox"/> Codeine ** <input type="checkbox"/> Dihydrocodeine** <input type="checkbox"/> Hydrocodone ** <input type="checkbox"/> Hydromorphone ** <input type="checkbox"/> Morphine ** <input type="checkbox"/> Norcodeine <input type="checkbox"/> Norhydrocodone ** <input type="checkbox"/> Normorphine <input type="checkbox"/> Opioids/Opiate Analogs <input type="checkbox"/> 6-alpha-Naloxol <input type="checkbox"/> 6-beta-Naltrexol <input type="checkbox"/> Dextromethorphan **	<input type="checkbox"/> Dextrophan ** <input type="checkbox"/> Meperidine ** <input type="checkbox"/> Nalbuphine <input type="checkbox"/> Naloxone ** <input type="checkbox"/> Naltrexone ** <input type="checkbox"/> Normeperidine ** <input type="checkbox"/> Pentazocine ** <input type="checkbox"/> Oxycodone <input type="checkbox"/> Noroxycodone ** <input type="checkbox"/> Oxycodone ** <input type="checkbox"/> Oxymorphone ** <input type="checkbox"/> Pregabalin <input type="checkbox"/> Pregabalin ** <input type="checkbox"/> Propoxyphene <input type="checkbox"/> Propoxyphene ** <input type="checkbox"/> Phencyclidine <input type="checkbox"/> PCP ** <input type="checkbox"/> Sedative Hypnotics (Nonbenzodiazepines) <input type="checkbox"/> Zolpidem ** <input type="checkbox"/> Skeletal Muscle Relaxants <input type="checkbox"/> Carisoprodol ** <input type="checkbox"/> Cyclobenzaprine ** <input type="checkbox"/> Meprobamate ** <input type="checkbox"/> Stereoisomer (Enantiomer) Analysis <input type="checkbox"/> Methamphetamine D/L Isomer * *Reflex only <input type="checkbox"/> Stimulants <input type="checkbox"/> alpha-PVP ** <input type="checkbox"/> MDPV <input type="checkbox"/> Tapentadol <input type="checkbox"/> N-Desmethyltapentadol ** <input type="checkbox"/> Tapentadol ** <input type="checkbox"/> Tramadol <input type="checkbox"/> O-Desmethyl-cis-tramadol** <input type="checkbox"/> Tramadol ** <input type="checkbox"/> Others <input type="checkbox"/> Dihydrokavain ** <input type="checkbox"/> Kava Plant** <input type="checkbox"/> N-Desmethyl-Loperamide	

PATIENT AUTHORIZATION - REQUIRED	PROVIDER AUTHORIZATION - REQUIRED
I certify that the specimen I provided is my own and that it was not adulterated in any manner. Further, I authorize VHL to release results of the testing to any of my treating physicians and facilities. I also assign my rights to VHL to bill insurances for services rendered. I also understand that I am financially responsible for all unpaid charges.	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.
Patient Signature _____ Date _____	Authorized Provider Signature _____ Date _____

DRUGS/METABOLITES	URINE	SCREEN	ORAL
Alcohol			
EtG/EtS	•	•	
Alkaloids, Not Otherwise Specified			
7-OH-Mitragynine	•		•
Cotinine-Nicotine	•	•	•
Kratom-Mitragynine	•		•
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			
Benzoyllecgonine	•	•	•
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	•	•	•
Dihydrocodeine			•
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			
Dihydrokavain	•		•
Kava Plant	•		•
N-Desmethyl-Loperamide	•		