



3165 McKelvey Road, Suite 110
Bridgeton, Mo 63044
Phone: (314)743-3748
Fax: (314)743-3749
www.aimlaboratories.com
CLIA#: 26D1101943
COLA#: 21428
Lab Director: Guihua M. Cao, MD

PRACTICE INFORMATION

REQUIRED

PHYSICIAN INFORMATION

REQUIRED

Practice Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Physician Name: _____ NPI: _____
Physician Name: _____ NPI: _____
Physician Name: _____ NPI: _____

TOXICOLOGY LABORATORY REQUISITION FORM

1 PATIENT INFORMATION

ATTACH A COPY OF THE PATIENT DEMOGRAPHICS AND INSURANCE INFORMATION

REQUIRED

First Name: _____ Last Name: _____ Date of Birth: _____
Gender: ☐ M ☐ F Bill Type: ☐ Insurance ☐ Self-Pay ☐ Client Bill ☐ Personal Injury ☐ Workers' Comp

2 SPECIMEN INFORMATION

REQUIRED

Specimen Type: ☐ Urine ☐ Oral Fluid Date Collected: _____ Time Collected: _____ ☐ AM ☐ PM
Urine temperature read within 4 minutes and is in the range of 90-100°F? ☐ YES ☐ NO Actual Temperature: _____ Collector's Initials: _____

3 DIAGNOSIS (ICD-10) CODES (MEDICALLY NECESSARY)

REQUIRED

ICD-10 Codes: _____

*** Medical Necessity certification options are available on page 2

4 TEST ORDER: Reflex =Conditional Confirmation Based on Medical Necessity

SELECT ONE OR MORE (REQUIRED)

☐ Perform Oral Screen Test: AMP, BAR, BZO, BUP, COC, OPI, PCP, THC

☐ Perform AIM TOX A Screen Test (with THC): (Drugs Included on Back of Requisition)

☐ Perform AIM TOX B Screen Test (without THC): (Drugs Included on Back of Requisition)(Additional Qualitative Tests can be selected below)

Qualitative Tests:	<input type="checkbox"/> Ethyl Glucuronide (Confirmation N/A)	<input type="checkbox"/> Cotinine Nicotine Metabolite (Confirmation N/A)	<input type="checkbox"/> Kratom Screen (Confirmation N/A)
Validity:	<input type="checkbox"/> Creatinine, pH and Specific Gravity	<input type="checkbox"/> Creatinine Only	

Test Names below with * are Confirmation only, NOT on the Screen tests above

Please select the definitive/Confirm Testing based on the medication list and/or based on medical necessity

Opiates/Opoids/Analgesics <input type="checkbox"/> Codeine <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Norhydrocodone <input type="checkbox"/> Hydrocodone <input type="checkbox"/> Morphine Gabapentin <input type="checkbox"/> Gabapentin Pregabalin <input type="checkbox"/> Pregabalin Opoids/Opiate Analogs <input type="checkbox"/> Meperidine <input type="checkbox"/> Naltrexone Naloxone <input type="checkbox"/> Naloxone	Oxycodone <input type="checkbox"/> Oxycodone <input type="checkbox"/> Oxymorphone <input type="checkbox"/> Noroxycodone Antidepressants – TCA <input type="checkbox"/> Amitriptyline <input type="checkbox"/> Desipramine <input type="checkbox"/> Doxepin <input type="checkbox"/> Imipramine <input type="checkbox"/> Nortriptyline Antidepressants – SSRI <input type="checkbox"/> Citalopram <input type="checkbox"/> Duloxetine <input type="checkbox"/> Fluoxetine <input type="checkbox"/> Paroxetine <input type="checkbox"/> Sertraline Antidepressant – Non-Specific <input type="checkbox"/> Venlafaxine	Illicits <input type="checkbox"/> MDMA (Ecstasy) <input type="checkbox"/> PCP (Phencyclidine) <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin (6-AM) Buprenorphine <input type="checkbox"/> Buprenorphine Ketamine <input type="checkbox"/> Ketamine Fentanyl <input type="checkbox"/> Fentanyl Tramadol <input type="checkbox"/> Tramadol	Amphetamines <input type="checkbox"/> Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Phentermine Methylphenidate <input type="checkbox"/> Methylphenidate Barbiturates <input type="checkbox"/> Butalbital <input type="checkbox"/> Phenobarbital Cannabinoids <input type="checkbox"/> Marijuana (THC-COOH) Muscle Relaxants <input type="checkbox"/> Carisoprodol <input type="checkbox"/> Cyclobenzaprine <input type="checkbox"/> Meprobamate	Benzodiazepine Panel <input type="checkbox"/> Alprazolam <input type="checkbox"/> Clonazepam <input type="checkbox"/> Diazepam <input type="checkbox"/> Nordiazepam <input type="checkbox"/> Lorazepam <input type="checkbox"/> Oxazepam <input type="checkbox"/> Temazepam Sedatives/Hypnotics* <input type="checkbox"/> Zaleplon* <input type="checkbox"/> Zolpidem Methadone <input type="checkbox"/> Methadone Propoxyphene <input type="checkbox"/> Propoxyphene Tapentadol <input type="checkbox"/> Tapentadol
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Fentanyl Panel* <input type="checkbox"/> <ul style="list-style-type: none">4-ANPP4-Fluoro-isobutyryl fentanylAcetyl norfentanylAcryl fentanylButyryl fentanylCarfentanilcis-3-MethylfentanylCyclopropyl fentanylFuranyl fentanylMethoxyacetyl fentanylN-Desmethyl U-47700OcfentanilRemifentanilU-47700Xylazine (coming soon)	Antipsychotic Panel* <ul style="list-style-type: none">Clozapine*Mesoridazine*DiphenhydramineZopiclone*Chlorpromazine*Nor-quetiapine*Vilazodone*Amoxapine*Trifluoperazine*Perphenazine*O-Desmethylvenlafaxine*N-Desmethyltrimipramine*Thioridazine*Promethazine*Clomipramine*Trazadone*Risperidone*Fluvoxamine*Mirtazapine*Bupropion*Quetiapine*Protriptyline*Haloperidol*Fluphenazine*Lurasidone*Aripiprazole*Buspirone*
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5 PATIENT ACKNOWLEDGEMENT

REQUIRED

This specimen was provided voluntarily for analysis and I authorize AIM Laboratories to process, bill and provide results. I agree to the declarations and terms in the patient acknowledgment and irrevocable assignment of benefits on the back of this form.

Patient Signature: _____ Date: _____ Patient Name: _____ Date of Birth: _____



6 AUTHORIZED HEALTHCARE PROVIDER ACKNOWLEDGMENT

REQUIRED

I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patient's chart. If not signed, Authorized Healthcare Provider affirms that test orders are placed in patient file with provider signature and will be available upon request. The Office of the Inspector General requires documentation in patient medical chart including date of service, tests ordered and documentation to support medical necessity.

Provider Signature: _____ Date: _____ Patient Name (Label 1): _____ Date of Birth: _____ Patient Name (Label 2): _____ Date of Birth: _____



8	Drug Class Components, Prescriptions & In-Office Screen Results

- **List of Drug Class Components and Reflex Criteria *Urine Only + Oral and Blood Only**
- **Validity Testing Will Be Performed On Urine Specimens (pH, Specific Gravity, Creatinine). It Will NOT be Performed on Oral Fluid or Blood Specimens.**

Additional Comments/Advise: _____

^Screen w/ Reflex (Conditional Confirmations Based on Medical Necessity)
When Screen w/Reflex testing is requested, a presumptive screen of the drug class requested will be provided. Definitive confirmation testing will be provided for compounds in that drug class if the presumptive screen results in a positive or pertinent negative (prescribed drugs that screen negative).

Drug Class*	Drug Class Components	Drug Class*	Drug Class Components	Drug Class*	Drug Class Components
Aim Tox A Screen Panel		Additional Categories		Illicits	
AMP, BAR, BZO, BUP, COC, MTD, OPI, OXY, PCP, NPP, OPA, TAP, TRA, TCA, SSRI, KET, FENT, MSR, ZOL, NAL, MET, THC		Antidepressants –TCA	Amitriptyline, Doxepin, Desipramine, Imipramine, Nortriptyline	Nicotine Metabolite	Nicotine Metabolite
		Antidepressants - SSRI	Duloxetine, Fluoxetine, Paroxetine, Sertraline, Venlafaxine, Citalopram	Sedatives	Zolpidem, Zaleplon
		Barbiturates	Butalbital, Phenobarbital	Skeletal Muscle Relaxants	Carisoprodol, Cyclobenzaprine, Meprobamate
		Ethanol Metabolite (Urine Only)	Ethanol Metabolite		
Drug Class*	Drug Class Components	Drug Class*	Drug Class Components	Drug Class*	Drug Class Components
Aim Tox B Screen Panel		Opiates/Opioids/Analgesics		AntiPsychotic Panel	
AMP, BAR, BZO, BUP, COC, MTD, OPI, OXY, PCP, NPP, OPA, TAP, TRA, TCA, SSRI, KET, FENT, MSR, ZOL, NAL, MET		Classic Opiates	Hydrocodone, Hydromorphone, Morphine, Codeine	Clozapine*, Mesoridazine*, Diphenhydramine*, Zopiclone*, Chlorpromazine*, Nor-quetiapine*, Vilazodone*, Amoxapine*, Trifluoperazine*, Perphenazine*, O-Desmethylenlafaxine*, N-Desmethyiltrimipramine*, Thioridazine*, Promethazine*, Clomipramine*, Trazadone*, Risperidone*, Fluvoxamine*, Mirtazapine*, Bupropion*, Quetiapine*, Protriptyline*, Haloperidol*, Fluphenazine*, Lurasidone*, Aripiprazole*, Buspirone*	
		Oxycodone	Oxycodone, Oxymorphone	Meperidine	Meperidine
		Buprenorphine	Buprenorphine	Gabapentin/Pregabalin	Gabapentin, Pregabalin
		Fentanyl	Fentanyl	Miscellaneous Opioids	Naltrexone, Propoxyphene (Urine Only)
		Methadone	Methadone	Ketamine	Ketamine
		Tapentadol	Tapentadol		
Drug Class*	Drug Class Components	Drug Class*	Drug Class Components	Drug Class*	Drug Class Components
Fentanyl Panel				Benzodiazepines	
U-47700, 4-ANPP, Ocfentanil, Furanyl fentanyl , cis-3-Methylfentanyl, Butyryl fentanyl, Acryl fentanyl, Remifentanil, Carfentanil, Methoxyacetyl fentanyl, Cyclopropyl fentanyl, Acetyl norfentanyl, 4-Fluoro-isobutyryl fentanyl, N-Desmethyl U-47700				7-aminoclonazepam, a-Hydroxyalprazolam, Alprazolam, Diazepam, Lorazepam, Nordiazepam, Oxazepam, Temazepam	
Drug Class*	Drug Class Components	Drug Class*	Drug Class Components	Drug Class*	Drug Class Components
Amphetamines					
Amphetamine, Methamphetamine, Methylphenidate, Phentermine					

Prescription			Listing			
Names						
<div><input type="checkbox"/> Alprazolam</div> <div><input type="checkbox"/> Amitriptyline</div> <div><input type="checkbox"/> Amo/Buto/Pentobarbital</div> <div><input type="checkbox"/> Amoxapine</div> <div><input type="checkbox"/> Amphetamine</div> <div><input type="checkbox"/> Aripiprazole</div> <div><input type="checkbox"/> Buprenorphine</div> <div><input type="checkbox"/> Bupropion</div> <div><input type="checkbox"/> Buspirone</div> <div><input type="checkbox"/> Butalbital</div> <div><input type="checkbox"/> Butorphanol</div> <div><input type="checkbox"/> Cannabinoids</div> <div><input type="checkbox"/> Carisoprodol</div> <div><input type="checkbox"/> Chlordiazepoxide</div> <div><input type="checkbox"/> Chlorpromazine</div>	<div><input type="checkbox"/> Citalopram</div> <div><input type="checkbox"/> Clobazam</div> <div><input type="checkbox"/> Clomipramine</div> <div><input type="checkbox"/> Clonazepam</div> <div><input type="checkbox"/> Clozapine</div> <div><input type="checkbox"/> Codeine</div> <div><input type="checkbox"/> Cyclobenzaprine</div> <div><input type="checkbox"/> Desipramine</div> <div><input type="checkbox"/> Desvenlafaxine</div> <div><input type="checkbox"/> Diazepam</div> <div><input type="checkbox"/> Doxepin</div> <div><input type="checkbox"/> Duloxetine</div> <div><input type="checkbox"/> Ephedrine</div> <div><input type="checkbox"/> Etizolam</div> <div><input type="checkbox"/> Fentanyl</div>	<div><input type="checkbox"/> Flunitrazepam</div> <div><input type="checkbox"/> Fluoxetine</div> <div><input type="checkbox"/> Fluphenazine</div> <div><input type="checkbox"/> Flurazepam</div> <div><input type="checkbox"/> Fluvoxamine</div> <div><input type="checkbox"/> Gabapentin</div> <div><input type="checkbox"/> Haloperidol</div> <div><input type="checkbox"/> Hydrocodone</div> <div><input type="checkbox"/> Hydromorphone</div> <div><input type="checkbox"/> Imipramine</div> <div><input type="checkbox"/> Ketamine</div> <div><input type="checkbox"/> Lamotrigine</div> <div><input type="checkbox"/> Lurasidone</div> <div><input type="checkbox"/> Lisdexamphetamine</div> <div><input type="checkbox"/> Lorazepam</div>	<div><input type="checkbox"/> Meperidine</div> <div><input type="checkbox"/> Meprobamate</div> <div><input type="checkbox"/> Methadone</div> <div><input type="checkbox"/> Methamphetamine</div> <div><input type="checkbox"/> Methylphenidate</div> <div><input type="checkbox"/> Mesoridazine</div> <div><input type="checkbox"/> Mirtazapine</div> <div><input type="checkbox"/> Morphine</div> <div><input type="checkbox"/> Naloxone</div> <div><input type="checkbox"/> Naltrexone</div> <div><input type="checkbox"/> Nortriptyline</div> <div><input type="checkbox"/> Olanzapine</div> <div><input type="checkbox"/> Oxazepam</div> <div><input type="checkbox"/> Oxycodone</div> <div><input type="checkbox"/> Oxymorphone</div>	<div><input type="checkbox"/> Paroxetine</div> <div><input type="checkbox"/> Perphenazine</div> <div><input type="checkbox"/> Propoxyphene</div> <div><input type="checkbox"/> Phenobarbital</div> <div><input type="checkbox"/> Phentermine</div> <div><input type="checkbox"/> Phenytoin</div> <div><input type="checkbox"/> Pregabalin</div> <div><input type="checkbox"/> Promethazine</div> <div><input type="checkbox"/> Protriptyline</div> <div><input type="checkbox"/> Quetiapine</div> <div><input type="checkbox"/> Risperidone</div> <div><input type="checkbox"/> Secobarbital</div> <div><input type="checkbox"/> Sertraline</div> <div><input type="checkbox"/> Tapentadol</div> <div><input type="checkbox"/> Temazepam</div>	<div><input type="checkbox"/> Thioridazine</div> <div><input type="checkbox"/> Topiramate</div> <div><input type="checkbox"/> Tramadol</div> <div><input type="checkbox"/> Trazodone</div> <div><input type="checkbox"/> Trifluoperazine</div> <div><input type="checkbox"/> Trimipramine</div> <div><input type="checkbox"/> Venlafaxine</div> <div><input type="checkbox"/> Vilazodone</div> <div><input type="checkbox"/> Zaleplon</div> <div><input type="checkbox"/> Ziprasidone</div> <div><input type="checkbox"/> Zolpidem</div> <div><input type="checkbox"/> Zopiclone</div>	<div>OTC Medication</div> <div><input type="checkbox"/> Acetaminophen</div> <div><input type="checkbox"/> Aspirin</div> <div><input type="checkbox"/> Diphenhydramine</div> <div><input type="checkbox"/> Ibuprofen</div> <div><input type="checkbox"/> Naproxen</div> <div><input type="checkbox"/> Nicotine</div> <div>Other Medications:</div> <div></div> <div></div> <div></div> <div></div>

Medical Necessity Certification

All orders must be supported by medical necessity as documented in an individual patient file. Completion of Sections 4 and 5 and provider signature below are required for test order.
Mark all applicable medical necessity documentation below to complete the test order.***

<input type="checkbox"/> Patient History	Risk Assessment: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Risk for Addiction or Drug Interaction
<input type="checkbox"/> Physical Examination	<input type="checkbox"/> Historical Use	<input type="checkbox"/> Safety Risks Attendant to Failure to Identify Specific Substances
<input type="checkbox"/> Previous Laboratory Findings	<input type="checkbox"/> Community Trends	<input type="checkbox"/> Office Performed Presumptive UDT (POCT or EIA) (Complete Section 6 Below)
<input type="checkbox"/> Current Treatment Plan	<input type="checkbox"/> Stage of Treatment or Recovery	<input type="checkbox"/> Differential Assessment of Medication Efficacy, Side Effects or Drug-Drug Interactions
<input type="checkbox"/> Prescribed Medication(s)	<input type="checkbox"/> Suspected Abused Substance	<input type="checkbox"/> Definitive Concentration Needed to Guide Management

In Office Screen Results	Collection Dt: _____	Time: _____	AM/PM		
Screening	Positive	Negative	Screening	Positive	Negative
AMP			MDMA		
BAR			MTD		
BUP			OPI		
BZO			OXY		
COC			TCA		
mAMP			THC		

PATIENT ACKNOWLEDGMENT AND IRREVOCABLE ASSIGNMENT OF BENEFITS

The information provided on this form and on the label affixed to the specimen cup is accurate. The specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my healthcare provider and/or third party lab. I authorize the lab to release the results of this test to the ordering healthcare provider. The lab is authorized to bill my insurance provider, or any payer, whether fully insured or self-insured, and I will irrevocably assign any payment of benefits, claims, rights, and interests related to the services my healthcare provider performed against any payer. I further authorize the lab and my healthcare provider to release to my insurance provider any medical information necessary to process this claim.

I acknowledge that AIM Laboratories may be an out-of-network facility/provider with my insurance provider. I am also aware that in some circumstances my insurance provider may send the payment directly to me. I agree to endorse the insurance check and forward it to AIM Laboratories within 15 days of receipt as payment towards the lab services provided by AIM. I acknowledge that I am responsible for any amounts not covered by my insurer including any deductibles and co-payments/co-insurance. I understand that AIM Laboratories may use my specimen and any testing performed on that specimen for research and development so long as the information has been de-identified pursuant to law. I am aware that all AIM Laboratories Privacy Practices can be found at www.aimlaboratories.com.

Medical Necessity Documentation: Per Novitas Solutions LCD L35006 criteria to establish medical necessity for drug testing must be based on patient-specific elements identified during the clinical assessment, and documented by the clinician in the patient's medical record.

