



# MEDSCREEN LABORATORIES

## OUR TESTING SERVICES



### SPECIMEN VALIDITY TESTING

WE HELP ENSURE THE INTEGRITY OF THE SAMPLE AGAINST DILUTION, ADULTERATION, BLEACHING AND SUBSTITUTION BY MONITORING THE LEVELS OF pH, CREATININE, SPECIFIC GRAVITY, AND OXIDANT.



### DRUG SCREENING

MSL PROVIDES AN INITIAL QUALITATIVE DRUG SCREENING FOR ALL SPECIMENS USING THE ENZYME-IMMUNOASSAY (EIA) METHODOLOGY. EIA INVOLVES A REACTION BETWEEN TARGET DRUG OR METABOLITE AND ANTIBODY. OUR AUTOMATED INSTRUMENTS, THROUGH THE USE OF WAVELENGTHS AND DETECTION METHODS, DETERMINE WHETHER THE TARGET DRUG IS PRESENT IN THAT REACTION AND PROVIDE THE RESULTS AS NEGATIVE OR PRESUMPTIVE POSITIVE.



### DRUG CONFIRMATION

SPECIMENS CAN BE FURTHER CONFIRMED BY A SECOND METHODOLOGY USING LIQUID CHROMATOGRAPHY MASS-SPECTROMETRY (LC/MS). MSL'S STATE OF THE ART EQUIPMENT DISTINGUISHES AND IDENTIFIES THE EXACT DRUG OR METABOLITE IN THE SPECIFIED DRUG CLASS IN URINE OR ORAL FLUID. THE HIGH COMPLEXITY INSTRUMENT PROVIDES A QUANTITATIVE RESULT WHICH IS FURTHER VERIFIED BY A CERTIFIED TOXICOLOGIST.

## YOUR CHOICE OF SPECIMEN



### URINE

URINE IS CONSIDERED THE GOLD STANDARD IN DRUG TESTING. IT IS SUITABLE FOR ALL TESTING PURPOSES AND CAN BE PERFORMED FOR A WIDE RANGE OF ILLICIT AND PRESCRIPTION DRUGS. LABORATORY BASED URINE TESTING INCORPORATES HIGH STANDARD TESTING PROTOCOLS WHICH ENSURE THAT THE TESTING PROCESS AND RESULTS ARE ACCURATE AND RELIABLE.



### ORAL FLUID

NON-INVASIVE, COST EFFECTIVE, COLLECTION PROCESS THAT CAN BE ADMINISTERED IN ANY LOCATION, ANY TIME OR ANYWHERE, ELIMINATING NEED FOR PRIVATE BATHROOM AND SAME SEX ADMINISTRATORS. DIRECT OBSERVATION REDUCES THE OPPORTUNITY OF TAMPERING AND NOTICEABLY REDUCED RISK OF ADULTERATION.



## REASONS TO USE DRUG TESTING

- ⇒ CAN AFFECT CLINICAL DECISIONS ON A PATIENT'S SUBSTANCE USE THAT AFFECTS OTHER MEDICAL CONDITIONS.
- ⇒ CAN AFFECT CLINICAL DECISIONS ABOUT PHARMACOTHERAPY, ESPECIALLY WITH CONTROLLED SUBSTANCES.
- ⇒ INCREASES THE SAFETY OF PRESCRIBING MEDICATIONS BY IDENTIFYING THE POTENTIAL FOR OVERDOSE OR SERIOUS DRUG INTERACTIONS.
- ⇒ HELPS CLINICIANS ASSESS PATIENT USE OF OPIOIDS FOR CHRONIC PAIN MANAGEMENT OR COMPLIANCE WITH PHARMACOTHERAPY FOR OPIOID MAINTENANCE TREATMENT FOR OPIOID USE DISORDERS.
- ⇒ HELPS THE CLINICIAN ASSESS THE EFFICACY OF THE TREATMENT PLAN AND THE CURRENT LEVEL OF CARE FOR CHRONIC PAIN MANAGEMENT AND SUBSTANCE USE DISORDERS (SUDS).
- ⇒ PREVENTS DANGEROUS MEDICATION INTERACTIONS DURING SURGERY OR OTHER MEDICAL PROCEDURES.
- ⇒ AIDS IN SCREENING, ASSESSING, AND DIAGNOSING AN SUD, ALTHOUGH DRUG TESTING IS NOT A DEFINITIVE INDICATION OF AN SUD.
- ⇒ IDENTIFIES WOMEN WHO ARE PREGNANT, OR WHO WANT TO BECOME PREGNANT, AND ARE USING DRUGS OR ALCOHOL.
- ⇒ IDENTIFIES AT-RISK NEONATES.
- ⇒ MONITORS ABSTINENCE IN A PATIENT WITH A KNOWN SUD.
- ⇒ VERIFIES, CONTRADICTS, OR ADDS TO A PATIENT'S SELF-REPORT OR FAMILY MEMBER'S REPORT OF SUBSTANCE USE.
- ⇒ IDENTIFIES A RELAPSE TO SUBSTANCE USE.

## WHAT SETS MSL APART

- ➡ MSL IS AN INDEPENDENT FULL-SERVICE TOXICOLOGY LABORATORY DEDICATED TO PROVIDING PERSONALIZED SUPPORT AND SERVICE BY REMAINING IN THE FOREFRONT OF TECHNOLOGY AND TESTING SERVICES.
- ➡ MSL IS A HIGH COMPLEXITY CLIA CERTIFIED LAB.
- ➡ MSL'S EXECUTIVE TEAM HAS OVER 40 YEARS OF EXPERIENCE IN LEADING EMPLOYEES, DEVELOPING AND IMPLEMENTING PROTOCOLS, OPERATING INSTRUMENTS AND MANAGING CLIENTS.
- ➡ THROUGH COLLABORATION AND PERSONALIZATION, WE WORK WITH YOU TO MEET THE NEEDS OF YOUR FACILITY.
- ➡ MSL HAS AN OUTSTANDING REPUTATION FOR PROFESSIONAL AND RELIABLE SERVICES WITH UNMATCHED TURNAROUND TIMES.
- ➡ ALL OF OUR COURIERS AND COLLECTORS ARE MSL EMPLOYEES, WE DO NOT USE THIRD-PARTY CONTRACTORS.
- ➡ MSL'S CUSTOMIZED REPORTS PROVIDE BOTH SUMMARIZED AND EXTENSIVE ANALYSIS OF DRUG TESTING RESULTS, ENABLING OUR CLIENTS TO BETTER UNDERSTAND A PATIENT'S ADHERENCE TO A DRUG TREATMENT PROGRAM AND/OR THEIR ABSTINENCE FROM DRUG(S) OF ABUSE.
- ➡ MSL IS AN APPROVED PROVIDER FOR A NUMBER OF DIFFERENT HEALTHCARE PLANS INCLUDING MEDICARE AND MEDICAID.
- ➡ MSL'S ACCOUNT MANAGEMENT TEAM'S TOP PRIORITY IS CUSTOMER SERVICE. A DESIGNATED PROFESSIONAL ACCOUNT MANAGER IS DEDICATED TO YOUR FACILITY TO ANSWER ANY ISSUE IMMEDIATELY AT ALL TIMES.



## OUR VISION

MEDSCREEN LABORATORIES (MSL) IS FOUNDED WITH THE VISION AND PASSION FOR PROVIDING QUALITY CARE FOR PATIENTS WITH BEHAVIORAL HEALTH NEEDS. WITH THE NATION UNDERGOING A WIDE SPREAD OPIOID EPIDEMIC, MSL IS COMMITTED TO THE CAUSE OF GIVING EMPLOYERS, HEALTHCARE PROVIDERS, ORGANIZATIONS AND PATIENTS THE TOOLS NEEDED TO EFFECTIVELY MONITOR THIS ONGOING CRISIS THROUGH SENSITIVE INSTRUMENTATION AND UNIQUE METHODOLOGIES.

OUR GOAL IS TO EXCEED MARKET STANDARDS BY USING THE LATEST AND ADVANCED LAB INSTRUMENTS AS WELL AS HAVING EXPERIENCED, HIGHLY QUALIFIED STAFF. WITH OUR PURPOSE LEADING OUR FOCUS, WE WILL EXECUTE OUR VISION OF BECOMING THE GLOBAL LEADER IN PROVIDING CLINICAL ANALYSIS FOR ALL HEALTH CARE PROFESSIONALS AND PATIENTS.

## WE WORK WITH

- ➡ SUBSTANCE ABUSE CENTERS
- ➡ MENTAL/BEHAVIORAL HEALTH CLINICS
- ➡ HALFWAY HOUSES
- ➡ PAIN MANAGEMENT
- ➡ INTERNIST
- ➡ URGENT CARE
- ➡ FQHC (FEDERALLY QUALIFIED HEALTH CENTER)
- ➡ DETOX CENTERS
- ➡ METHADONE CLINICS
- ➡ SUBOXONE CLINICS



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# URINE TOXICOLOGY REQUISITION FORM

## SPECIMEN COLLECTION INFORMATION

DATE

TIME

COLLECTOR

→ TEMPERATURE IS READ WITHIN 4 MINUTES &amp; NOTED BELOW AS

 IN RANGE BETWEEN 90-100 °F  OUT OF RANGE

1234

## PATIENT INFORMATION

FIRST NAME		
LAST NAME		
MIDDLE INITIAL	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
DOB	SSN	
ADDRESS		
CITY	STATE	
ZIPCODE	PHONE	

## BILLING INFORMATION

<input type="checkbox"/> MEDICARE	<input type="checkbox"/> MEDICAID	<input type="checkbox"/> PATIENT	<input type="checkbox"/> COMMERCIAL	
RELATIONSHIP	<input type="checkbox"/> SELF	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> CHILD	<input type="checkbox"/> OTHER
INSURANCE NAME				
ID #				
GROUP #				
WORKERS COMP INFO				
DATE OF INJURY				

## PRESCRIBED MEDICATIONS

<input type="checkbox"/> ABILIFY®	<input type="checkbox"/> CARISOPRODOL	<input type="checkbox"/> DILANTIN®	<input type="checkbox"/> FLUARAZEPAM	<input type="checkbox"/> METHADONE	<input type="checkbox"/> OXYCODONE	<input type="checkbox"/> SEROQUEL®	<input type="checkbox"/> VYVANSE®
<input type="checkbox"/> ACTIQ®	<input type="checkbox"/> CELEXA®	<input type="checkbox"/> DILAUDID®	<input type="checkbox"/> GABAPENTIN	<input type="checkbox"/> METHAMPHETAMINE	<input type="checkbox"/> OXYCONTIN®	<input type="checkbox"/> SERTRALINE	<input type="checkbox"/> XANAX®
<input type="checkbox"/> ADDERALL®	<input type="checkbox"/> CITALOPRAM	<input type="checkbox"/> DOLOPHINE®	<input type="checkbox"/> GEODON®	<input type="checkbox"/> METHYLPHENIDATE	<input type="checkbox"/> PAROXETINE	<input type="checkbox"/> SONATA®	<input type="checkbox"/> ZALEPLON
<input type="checkbox"/> ALPRAZOLAM	<input type="checkbox"/> CLOMIPRAMINE	<input type="checkbox"/> DOXEPIN	<input type="checkbox"/> HALOPERIDOL	<input type="checkbox"/> MIDAZOLAM	<input type="checkbox"/> PHENOBARBITAL	<input type="checkbox"/> SUBOXONE®	<input type="checkbox"/> ZIPRASIDONE
<input type="checkbox"/> AMBIEN®	<input type="checkbox"/> CLONAZEPAM	<input type="checkbox"/> DULOXETINE	<input type="checkbox"/> DURAGESIC®	<input type="checkbox"/> IMIPRAMINE	<input type="checkbox"/> MIRTAZAPINE	<input type="checkbox"/> TAPENTADOL	<input type="checkbox"/> ZOLOFT®
<input type="checkbox"/> AMITRIPTYLINE	<input type="checkbox"/> CLOZAPINE	<input type="checkbox"/> DURAMORPH®	<input type="checkbox"/> KADIAN®	<input type="checkbox"/> MS CONTIN®	<input type="checkbox"/> MORPHINE	<input type="checkbox"/> TEGRETOL®	<input type="checkbox"/> ZOLPIDEM
<input type="checkbox"/> ARIPIPRAZOLE	<input type="checkbox"/> CODEINE	<input type="checkbox"/> EFFEXOR®	<input type="checkbox"/> LONSY®	<input type="checkbox"/> NALOXONE	<input type="checkbox"/> PRISTIQ®	<input type="checkbox"/> TEMAZEPAM	<input type="checkbox"/> ZYPREXA®
<input type="checkbox"/> ATIVAN®	<input type="checkbox"/> CYCLOBENZAPRINE	<input type="checkbox"/> ELAVIL®	<input type="checkbox"/> LORAZEPAM	<input type="checkbox"/> NALTREXONE	<input type="checkbox"/> PROPOXYPHENNE	<input type="checkbox"/> TRAMADOL	<input type="checkbox"/> OTHER
<input type="checkbox"/> BUPRENORPHINE	<input type="checkbox"/> CYMBALTA®	<input type="checkbox"/> FENTANYL	<input type="checkbox"/> LORCET-HD®	<input type="checkbox"/> NUCYNTA®	<input type="checkbox"/> QUETIAPINE	<input type="checkbox"/> ULTRAM®	<input type="checkbox"/> OTHER
<input type="checkbox"/> BUSPAR®	<input type="checkbox"/> DARVOCET-N®	<input type="checkbox"/> FLEXERIL®	<input type="checkbox"/> LYRICA®	<input type="checkbox"/> NYQUIL®	<input type="checkbox"/> RESTORIL®	<input type="checkbox"/> VENLAFAKINE	<input type="checkbox"/> OTHER
<input type="checkbox"/> BUTALBITAL	<input type="checkbox"/> DELSYM®	<input type="checkbox"/> FLUNITRAZEPAM	<input type="checkbox"/> MAPROTILINE	<input type="checkbox"/> OLANZAPINE	<input type="checkbox"/> ROBITUSSIN®	<input type="checkbox"/> VICODIN®	<input type="checkbox"/> OTHER
<input type="checkbox"/> BUTRANS®	<input type="checkbox"/> DEMEROL®	<input type="checkbox"/> FLUOXETINE	<input type="checkbox"/> MEPERIDINE	<input type="checkbox"/> OXAZEPAM	<input type="checkbox"/> ROXICODONE®	<input type="checkbox"/> VICOPROFEN®	<input type="checkbox"/> DRUG LIST ATTACHED
<input type="checkbox"/> CARBAMAZEPINE	<input type="checkbox"/> DEXTRORPHAN					<input type="checkbox"/> VIVITROL®	<input type="checkbox"/> NO DRUG PRESCRIBED

## DX CODES ICD-10

- 1
- 2
- 3
- 4
- 5
- 6

## DRUG SCREENING(PRESUMPTIVE OR QUALITATIVE TESTING UTILIZING CHEMISTRY ANALYZERS)

<input type="checkbox"/> 5 PANEL	<input type="checkbox"/> 55R	<input type="checkbox"/> 10 PANEL	<input type="checkbox"/> S10R	<input type="checkbox"/> 12 PANEL	<input type="checkbox"/> S12R	<input type="checkbox"/> SELECT ONE OR MORE INDIVIDUALLY	<input type="checkbox"/> FOR ALL SCREENING PANELS, A REFLEX CONFIRMATORY LC-MS/MS TESTING WILL AUTOMATICALLY BE PERFORMED, REPORTED & BILLED IF THERE ARE POSITIVE RESULTS FROM THE INITIALLY ORDERED SCREENING
<input type="checkbox"/> AMPHETAMINE	<input type="checkbox"/> BARBITURATES	<input type="checkbox"/> BENZODIAZEPINES	<input type="checkbox"/> COCAINE	<input type="checkbox"/> DOPAMINE	<input type="checkbox"/> ETHANOL	<input type="checkbox"/> SPECIMEN VALIDITY	<input type="checkbox"/> → IF REFLEX CONFIRMATORY LC-MS/MS TESTING IS NOT REQUIRED FOR ANY SCREENING RESULTS, PLEASE SPECIFY IT BY CHECKING THE BOX BELOW
<input type="checkbox"/> BENZODIAZEPINES	<input type="checkbox"/> COCAINE	<input type="checkbox"/> OPIATES	<input type="checkbox"/> OXYCODONE	<input type="checkbox"/> PHENCYCLIDINE	<input type="checkbox"/> PROPOXYPHENNE	<input type="checkbox"/> THC (CANNABINOID)	<input type="checkbox"/> → REFLEX CONFIRMATORY LC-MS/MS TESTING IS NOT REQUIRED FOR ANY POSITIVE SCREENING RESULTS
<input type="checkbox"/> COCAINE	<input type="checkbox"/> OPIATES	<input type="checkbox"/> OXYCODONE	<input type="checkbox"/> OXYCODONE	<input type="checkbox"/> PHENCYCLIDINE	<input type="checkbox"/> LSD	<input type="checkbox"/> SPECIMEN VALIDITY	
<input type="checkbox"/> OPIATES							
<input type="checkbox"/> THC (CANNABINOID)							
<input type="checkbox"/> SPECIMEN VALIDITY							

## DRUG CONFIRMATION(DEFINITIVE OR QUANTITATIVE TESTING UTILIZING LC-MS/MS TECHNOLOGY)

<input type="checkbox"/> ALCOHOL BIOMARKERS	<input type="checkbox"/> ANXIOLYTIC	<input type="checkbox"/> C7	<input type="checkbox"/> ALPHA-HYDROXYALPRAZOLAM	<input type="checkbox"/> K2/K3/SPICE (CANNABINOID,SYNTHETIC)	<input type="checkbox"/> C19	<input type="checkbox"/> OPIATES	<input type="checkbox"/> C25	<input type="checkbox"/> TRAMADOL
<input type="checkbox"/> ETHYL GLUCURONIDE (ETG)	<input type="checkbox"/> BUSPIRONE	<input type="checkbox"/> BARBITURATES	<input type="checkbox"/> ALPRAZOLAM	<input type="checkbox"/> AB-FUBINACA	<input type="checkbox"/> C19	<input type="checkbox"/> CODEINE	<input type="checkbox"/> C25	<input type="checkbox"/> O-DESMEHYLTTRAMADOL
<input type="checkbox"/> ETHYL SULFATE (ETS)		<input type="checkbox"/> BENZODIAZEPINES	<input type="checkbox"/> LORAZEPAM	<input type="checkbox"/> AB-PINACA 5-HYDROXPENTYL	<input type="checkbox"/> OPIATES	<input type="checkbox"/> HYDROCODONE		<input type="checkbox"/> TRAMADOL
<input type="checkbox"/> AMPHETAMINES	<input type="checkbox"/> C2	<input type="checkbox"/> COCAINE	<input type="checkbox"/> NORDIAZEPAM	<input type="checkbox"/> AM-2201 4-HYDROXPENTYL	<input type="checkbox"/> OPIQUALONE	<input type="checkbox"/> HYDROMORPHONE		
<input type="checkbox"/> AMPHETAMINE		<input type="checkbox"/> OPIATES	<input type="checkbox"/> OXAZEPAM	<input type="checkbox"/> APINACA 5-HYDROXPENTYL	<input type="checkbox"/> MORPHINE	<input type="checkbox"/> MORPHINE		
<input type="checkbox"/> METHAMPHETAMINE			<input type="checkbox"/> TEMAZEPAM	<input type="checkbox"/> JWH-122 4-HYDROXPENTYL	<input type="checkbox"/> NORHYDROCODONE	<input type="checkbox"/> NORHYDROCODONE		
<input type="checkbox"/> ANTIDEPRESSANTS, SEROTONERGIC CLASS	<input type="checkbox"/> C3	<input type="checkbox"/> 7-HYDROXYQUETIAPINE	<input type="checkbox"/> 9-HYDROXYRISPERIDONE	<input type="checkbox"/> JWH-210 4-HYDROXPENTYL	<input type="checkbox"/> 6-AM (HEROIN)	<input type="checkbox"/> NALOXONE	<input type="checkbox"/> 6-BETA-NALTREXOL (NALTREXONE)	
<input type="checkbox"/> DULOXETINE		<input type="checkbox"/> DEHYDROALPRAZOLE	<input type="checkbox"/> HALOPERIDOL	<input type="checkbox"/> JWH-073 3-HYDROXYBUTYL	<input type="checkbox"/> AMPHETAMINE	<input type="checkbox"/> NORMEPPERIDINE	<input type="checkbox"/> AH-7921	
<input type="checkbox"/> FLUOXETINE		<input type="checkbox"/> N-DESMEHYLCLOZAPINE	<input type="checkbox"/> N-DESMEHYTOLANZAPINE	<input type="checkbox"/> JWH-018 4-HYDROXPENTYL	<input type="checkbox"/> BARBITURATES	<input type="checkbox"/> DEXTROPHAN	<input type="checkbox"/> DEXTROPHAN	
<input type="checkbox"/> PAROXETINE		<input type="checkbox"/> ZIPRAZIDONE		<input type="checkbox"/> MAM2201 4-HYDROXPENTYL	<input type="checkbox"/> BUPRENORPHINE	<input type="checkbox"/> MEPERIDINE	<input type="checkbox"/> MEPERIDINE	
<input type="checkbox"/> SERTRALINE				<input type="checkbox"/> PB-22 5-PENTANOIC ACID	<input type="checkbox"/> COCAINE	<input type="checkbox"/> NALOXONE	<input type="checkbox"/> NALOXONE	
<input type="checkbox"/> ANTIDEPRESSANTS, TRICYCLIC & OTHER CYCLICALS	<input type="checkbox"/> C4	<input type="checkbox"/> BARBITURATES	<input type="checkbox"/> C9	<input type="checkbox"/> UR-144-5-HYDROXPENTYL	<input type="checkbox"/> KRATOM (ALKALOIDS)	<input type="checkbox"/> NORMEPPERIDINE	<input type="checkbox"/> NORMEPPERIDINE	
<input type="checkbox"/> AMITRIPTYLINE		<input type="checkbox"/> BUTALBITAL	<input type="checkbox"/> DEHYDROALPRAZOLE	<input type="checkbox"/> XLR-11 4-HYDROXPENTYL	<input type="checkbox"/> 7-HYDROXYMITRAGYNNINE	<input type="checkbox"/> OXYCODONE	<input type="checkbox"/> 6-BETA-NALTREXOL (NALTREXONE)	
<input type="checkbox"/> DESIPRAME		<input type="checkbox"/> PHENOBARBITAL	<input type="checkbox"/> HALOPERIDOL	<input type="checkbox"/> MITRAGYNNINE	<input type="checkbox"/> MITRAGYNNINE	<input type="checkbox"/> NOROXYCODONE	<input type="checkbox"/> AH-7921	
<input type="checkbox"/> IMPRAME			<input type="checkbox"/> N-DESMEHYTOLANZAPINE	<input type="checkbox"/> MDMA (ECSTASY)	<input type="checkbox"/> OXYMORPHONE	<input type="checkbox"/> NOROXYCODONE	<input type="checkbox"/> DEXTROPHAN	
<input type="checkbox"/> MAPROTILINE			<input type="checkbox"/> ZIPRAZIDONE	<input type="checkbox"/> 7-MONOACETYLMPHORINE	<input type="checkbox"/> MDA	<input type="checkbox"/> NOROXYCODONE	<input type="checkbox"/> MEPERIDINE	
<input type="checkbox"/> N-DESMEHYTLCLOMIPRAMINE				<input type="checkbox"/> MDEA	<input type="checkbox"/> MDMA	<input type="checkbox"/> NOROXYCODONE	<input type="checkbox"/> NALOXONE	
<input type="checkbox"/> N-DESMEHYTDOXEPIN					<input type="checkbox"/> MDEA	<input type="checkbox"/> NOROXYCODONE	<input type="checkbox"/> NORMEPPERIDINE	
<input type="checkbox"/> N-DESMEHYTMIRTAZAPINE						<input type="checkbox"/> OXYMORPHONE	<input type="checkbox"/> NORMEPPERIDINE	
<input type="checkbox"/> NORTRIPTYLINE								
<input type="checkbox"/> ANTIDEPRESSANTS, OTHERS	<input type="checkbox"/> C5	<input type="checkbox"/> BATH SALTS (STIMULANTS,SYNTHETIC)	<input type="checkbox"/> C10	<input type="checkbox"/> 3-METHYLFENTANYL	<input type="checkbox"/> PCP (PHENCYCLIDINE)	<input type="checkbox"/> PREGABALIN	<input type="checkbox"/> C28	<input type="checkbox"/> PERFORM COMPREHENSIVE DRUG CONFIRMATION TESTING FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT
<input type="checkbox"/> HYDROXYBUPROPION		<input type="checkbox"/> 5-DBFPV	<input type="checkbox"/> ALPHA-PBP	<input type="checkbox"/> ACETYL FENTANYL	<input type="checkbox"/> PHENCYCLIDINE (PCP)	<input type="checkbox"/> PROPOXYPHENNE	<input type="checkbox"/> C30	<input type="checkbox"/> → BY MARKING A CHECKBOX AT A DRUG CLASS LEVEL, TESTING FOR ALL THE DRUG CLASSES & ANALYTES LISTED ABOVE FROM C2 TO C33 (WITHOUT ALCOHOL)
<input type="checkbox"/> O-DESMEHTYLVENLAFAXINE		<input type="checkbox"/> ALPHA-PPP	<input type="checkbox"/> ALPHA-PVP	<input type="checkbox"/> CARFENTANIL	<input type="checkbox"/> RITALINIC ACID	<input type="checkbox"/> SEDATIVE HYPNOTICS	<input type="checkbox"/> C31	<input type="checkbox"/> → PERFORM COMPREHENSIVE DRUG CONFIRMATION TESTING FOR ALL THE DRUG CLASSES & ANALYTES LISTED ABOVE FROM C1 TO C33 (WITH ALCOHOL)
<input type="checkbox"/> TRAZODONE		<input type="checkbox"/> MDPV	<input type="checkbox"/> MEFEDRONE	<input type="checkbox"/> FENTANYL	<input type="checkbox"/> 6-MONOACETYLMPHORINE	<input type="checkbox"/> MUSCLE RELAXANTS	<input type="checkbox"/> C24	
<input type="checkbox"/> VENLAFAXINE		<input type="checkbox"/> METHYDRONE	<input type="checkbox"/> METHYLONE	<input type="checkbox"/> NORFENTANYL	<input type="checkbox"/> CYCLOBENZAPRINE	<input type="checkbox"/> TAPENTADOL	<input type="checkbox"/> C32	
<input type="checkbox"/> VILAZODONE		<input type="checkbox"/> NAPHTHENE	<input type="checkbox"/> NAPHTHENE	<input type="checkbox"/> SUFENTANIL	<input type="checkbox"/> MEPROMBAMATE		<input type="checkbox"/> C33	
<input type="checkbox"/> ANTIEPILEPTICS	<input type="checkbox"/> C6	<input type="checkbox"/> BENZODIAZEPINES	<input type="checkbox"/> C11	<input type="checkbox"/> GABAPENTIN	<input type="checkbox"/> KETAMINE & NORKETAMINE	<input type="checkbox"/> TAPENTADOL		
<input type="checkbox"/> CARBAMAZEPINE METABOLITE		<input type="checkbox"/> 2-HYDROXYETHYLFLUARAZEPAM	<input type="checkbox"/> 7-AMINOCLONAZEPAM	<input type="checkbox"/> KETAMINE	<input type="checkbox"/> NORKETAMINE			
		<input type="checkbox"/> 7-AMINOFLUNITRAZEPAM						

## HEALTHCARE PROVIDER INFORMATION & AUTHORIZATION

I AUTHORIZE THE ABOVE ORDERED TESTS AS MEDICALLY NECESSARY FOR THIS PARTICULAR PATIENT GIVEN THE PATIENT'S CLINICAL CONDITION

PHYSICIAN SIGNATURE

DATE

I CERTIFY THAT I HAVE VOLUNTARILY PROVIDED A FRESH AND UNADULTERATED URINE SPECIMEN FOR ANALYTICAL TESTING. THE INFORMATION PROVIDED ON THIS FORM AND, ON THE LABEL, OFFERED TO THE SPECIMEN CUP IS ACCURATE. I AUTHORIZE MED SCREEN LABORATORIES (MSL) TO RELEASE THE RESULTS TO THE TREATING AUTHORIZED HEALTHCARE PROVIDER OR FACILITY. I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID DIRECTLY TO MSL FOR SERVICES I RECEIVED. I ACKNOWLEDGE THAT MSL MAY BE AN OUT-OF-NETWORK PROVIDER WITH MY INSURER. I ALSO UNDERSTAND THAT IN SOME CIRCUMSTANCES MY INSURER WILL SEND THE PAYMENT DIRECTLY TO ME. I AGREE TO ENDORSE INSURANCE CHECK AND FORWARD IT TO MSL WITHIN 30 DAYS OF RECEIPT. FAILURE TO DO SO MAY RESULT IN MY ACCOUNT BEING FORWARDED TO COLLECTIONS AND REPORTED TO A CREDIT BUREAU

PATIENT SIGNATURE

DATE

## PATIENT AUTHORIZATION

DRUGS & METABOLITES	CUT-OFF	DETECTION TIME*	DRUGS & METABOLITES	CUT-OFF	DETECTION TIME*
<b>ALCOHOL</b>			<b>COCAINE METABOLITE</b>		
ETHYL GLUCURONIDE	500 ng/mL	UP TO 72 HOURS	BENZOYLECGONINE	50 ng/mL	1 TO 2 DAYS
ETHYL SULFATE	100 ng/mL	UP TO 72 HOURS	<b>FENTANYLS</b>		
<b>ANTIEPILEPTICS</b>			3-METHYLFENTANYL	10 ng/mL	1 TO 3 DAYS
CARBAMAZEPINE METABOLITE	50 ng/mL	5 TO 7 DAYS	ACETYL FENTANYL	5 ng/mL	1 TO 3 DAYS
PHENYTOIN	200 ng/mL	5 TO 7 DAYS	CARFENTANIL	10 ng/mL	
<b>AMPHETAMINES</b>			FENTANYL	10 ng/mL	1 TO 3 DAYS
AMPHETAMINE	50 ng/mL	3 TO 5 DAYS (HIGH DEPENDANT ON URINE PH)	NORFENTANYL	10 ng/mL	1 TO 3 DAYS
METHAMPHETAMINE	50 ng/mL	3 TO 5 DAYS (HIGH DEPENDANT ON URINE PH)	SUFENTANIL	10 ng/mL	1 TO 3 DAYS
<b>ANTIDEPRESSANTS, SEROTONERGIC CLASS</b>			<b>GABAPENTIN</b>		
DULOXETINE	50 ng/mL	5 TO 7 DAYS	GABAPENTIN	500 ng/mL	5 TO 7 DAYS
FLUOXETINE	50 ng/mL	5 TO 7 DAYS	<b>HEROIN METABOLITE</b>		
N-DESMETHYLCITALOPRAM	50 ng/mL	5 TO 7 DAYS	6-MONOACETYLMORPHINE	15 ng/mL	1 TO 2 DAYS
PAROXETINE	50 ng/mL	5 TO 7 DAYS	<b>KETAMINES</b>		
SERTRALINE	50 ng/mL	2 TO 4 DAYS	KETAMINE	50 ng/mL	2 TO 4 DAYS
<b>ANTIDEPRESSANTS, TRICYCLIC &amp; OTHER CYCICALS</b>			NORKETAMINE	50 ng/mL	2 TO 4 DAYS
AMITRIPTYLINE	50 ng/mL	2 TO 4 DAYS	<b>K2 -SPICE</b>		
DESIPRAMINE	50 ng/mL	5 TO 7 DAYS	AB-FUBINACA	5 ng/mL	2 TO 4 DAYS
IMIPRIMINE	50 ng/mL	5 TO 7 DAYS	AB-PINACA 5-HYDROXYPENTYL	5 ng/mL	2 TO 4 DAYS
MAPROTILINE	50 ng/mL	5 TO 7 DAYS	AM2201 4-HYDROXYPENTYL	5 ng/mL	2 TO 4 DAYS
N-DESMETHYLCLOMIPRAMINE	50 ng/mL		APINACA 5-HYDROXYPENTYL	5 ng/mL	2 TO 4 DAYS
N-DESMETHYLDOXEPIN	50 ng/mL		JWH-122 4-HYDROXYPENTYL	5 ng/mL	2 TO 4 DAYS
N-DESMETHYLMIRTAZAPIN	50 ng/mL		JWH-250 4-HYDROXYPENTYL	5 ng/mL	2 TO 4 DAYS
NORTRIPTYLINE	50 ng/mL		JWH-210 4-HYDROXYPENTYL	5 ng/mL	2 TO 4 DAYS
<b>ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED</b>			JWH-073 3-HYDROXYBUTYL	5 ng/mL	2 TO 4 DAYS
HYDROXYBUPROPION	50 ng/mL	2 TO 4 DAYS	JWH-018 4-HYDROXYPENTYL	5 ng/mL	2 TO 4 DAYS
O-DESMETHYLENLAFAKINE	50 ng/mL	2 TO 4 DAYS	MAM2201 4-HYDROXYPENTYL	5 ng/mL	2 TO 4 DAYS
TRAZODONE	50 ng/mL	2 TO 4 DAYS	PB-22 5-PENTANOIC ACID	5 ng/mL	2 TO 4 DAYS
VENLAFAKINE	50 ng/mL	2 TO 4 DAYS	UR-144-5-HYDROXYPENTYL	5 ng/mL	2 TO 4 DAYS
VILAZODONE	50 ng/mL		XLR-11 4-HYDROXYPENTYL	5 ng/mL	2 TO 4 DAYS
<b>ANXIOLYTIC</b>			<b>KRATOM &amp; LSD</b>		
BUSPIRONE	50 ng/mL	2 TO 4 DAYS	MITRAGYNINE	15 ng/mL	1 TO 7 DAYS
<b>ANTIPSYCHOTICS</b>			7-HYDROXYMITRAGYNINE	15 ng/mL	1 TO 7 DAYS
7-HYDROXYQUETIAPINE	50 ng/mL	2 TO 7 DAYS	LSD	0.5 ng/mL	UP TO 12 HOURS
9-HYDROXYRISPERIDONE	50 ng/mL	2 TO 7 DAYS	<b>MDMA (ECSTASY)</b>		
DEHYDROARIPIPRAZOLE	50 ng/mL	2 TO 7 DAYS	MDA	50 ng/mL	2 TO 4 DAYS
HALOPERIDOL	50 ng/mL	2 TO 7 DAYS	MDMA	50 ng/mL	1 TO 2 DAYS
N-DESMETHYCLOZAPINE	50 ng/mL	2 TO 7 DAYS	MDEA	50 ng/mL	2 TO 4 DAYS
N-DESMETHYLOLANZAPINE	50 ng/mL	2 TO 7 DAYS	<b>METHADONE</b>		
ZIPRAZIDONE	50 ng/mL	2 TO 7 DAYS	EDDP	50 ng/mL	1 TO 14 DAYS BASED ON USAGE & METABOLISM
<b>BARBITURATES</b>			METHADONE	50 ng/mL	1 TO 14 DAYS BASED ON USAGE & METABOLISM
BUTALBITAL	100 ng/mL	4 TO 6 DAYS	<b>METHYLPHENIDATE</b>		
PHENOBARBITAL	100 ng/mL	1 TO 16 DAYS	RITALINIC ACID	50 ng/mL	1 TO 2 DAYS
<b>BATH SALTS</b>			<b>MUSCLE RELAXANTS</b>		
5-DBFPV	10 ng/mL	2 TO 4 DAYS	CYCLOBENZAPRINE	50 ng/mL	5 TO 7 DAYS
ALPHA-PBP	10 ng/mL	2 TO 4 DAYS	MEPROBAMATE	50 ng/mL	2 TO 4 DAYS
ALPHA-PPP	10 ng/mL	2 TO 4 DAYS	<b>OPIATES</b>		
ALPHA-PVP	10 ng/mL	2 TO 4 DAYS	CODEINE	20 ng/mL	1 TO 3 DAYS
BUTYLINE	10 ng/mL	2 TO 4 DAYS	HYDROCODONE	50 ng/mL	1 TO 3 DAYS
DIBUTYLINE	10 ng/mL	2 TO 4 DAYS	HYDROMORPHONE	50 ng/mL	1 TO 3 DAYS
ETHYLINE	10 ng/mL	2 TO 4 DAYS	MORPHINE	50 ng/mL	1 TO 3 DAYS
ETHYLPEPTYLONE	10 ng/mL	2 TO 4 DAYS	NORHYDROCODEONE	50 ng/mL	1 TO 3 DAYS
MDPB	10 ng/mL	2 TO 4 DAYS	<b>OPIOIDS &amp; OPIATE ANALOGS</b>		
MDPPP	10 ng/mL	2 TO 4 DAYS	6-BETA-NALTREXOL (NALTREXONE)	50 ng/mL	1 TO 3 DAYS
MDPV	10 ng/mL	2 TO 4 DAYS	AH-7921DEXTRORPHAN	50 ng/mL	
MEPHEDRONE	10 ng/mL	2 TO 4 DAYS	MEPERIDINE	50 ng/mL	1 TO 3 DAYS
METHEDRONE	10 ng/mL	2 TO 4 DAYS	NALOXONE	50 ng/mL	1 TO 3 DAYS
METHYLONE	10 ng/mL	2 TO 4 DAYS	NORMEPERIDINE	50 ng/mL	1 TO 3 DAYS
NAPHYRONE	10 ng/mL	2 TO 4 DAYS	<b>OXYCODONE</b>		
PENTYLONE	10 ng/mL	2 TO 4 DAYS	OXYCODONE	50 ng/mL	1 TO 3 DAYS
<b>BENZODIAZEPINES</b>			NOROXYCODONE	50 ng/mL	2 TO 4 DAYS
2-HYDROXYETHYLFLUAZEPAM	50 ng/mL	2 TO 7 DAYS	OXYMORPHONE	50 ng/mL	1 TO 3 DAYS
7-AMINOCLONAZEPAM	50 ng/mL	2 TO 4 DAYS	<b>PCP (PHENCYCLIDINE)</b>		
7-AMINOFLUNITRAZEPAM	50 ng/mL	2 TO 7 DAYS	PCP (PHENCYCLIDINE)	10 ng/mL	4 TO 6 DAYS
ALPHA-HYDROXYALPRAZOLAM	50 ng/mL	2 TO 4 DAYS	<b>PREGABALIN</b>		
ALPHA-HYDROXYMIDAZOLAM	50 ng/mL	1 TO 3 DAYS	PREGABALIN	500 ng/mL	5 TO 7 DAYS
ALPRAZOLAM	50 ng/mL	2 TO 4 DAYS	<b>PROPOXYPHENE</b>		
LORAZEPAM	50 ng/mL	2 TO 4 DAYS	PROPOXYPHENE	50 ng/mL	1 TO 7 DAYS
NORDIAZEPAM	50 ng/mL	2 TO 7 DAYS	<b>SEDATIVE HYPNOTICS</b>		
OXAZEPAM	50 ng/mL	2-7 DAYS, UP TO 21 AS DIAZEPAM METABOLITE	cZOLPIDEM	5 ng/mL	1 TO 2 DAYS
TEMAZEPM	50 ng/mL	2 TO 4 DAYS	ZALEPLON	5 ng/mL	< 1 DAY
<b>BUPRENORPHINE</b>			<b>TAPENTADOL</b>		
BUPRENORPHINE	10 ng/mL	1 TO 3 DAYS	TAPENTADOL	50 ng/mL	1 TO 3 DAYS
NORBUPRENORPHINE	25 ng/mL	2 TO 4 DAYS	<b>TRAMADOL</b>		
<b>CANNABINOIDs, NATURAL</b>			O-DESMETHYLTRAMADOL	50 ng/mL	2 TO 4 DAYS
THC-COOH	25 ng/mL	1-45 DAYS DEPENDING ON DOSE AND USAGE	TRAMADOL	50 ng/mL	2 TO 4 DAYS

\* DRUG DETECTION TIME IN URINE CAN DEPEND ON A NUMBER OF FACTORS SUCH AS A PATIENT'S OVERALL HEALTH, METABOLIC PROFILE AGE, BODY WEIGHT, FREQUENCY OF DRUG USE, DRUG DOSAGE, DRUG TOLERANCE, PH.



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# ORAL FLUID TOXICOLOGY REQUISITION FORM

## SPECIMEN COLLECTION INFORMATION

DATE

TIME

COLLECTOR



1234

FOR LAB USE ONLY

### PATIENT INFORMATION

FIRST NAME		
LAST NAME		
MIDDLE INITIAL	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
DOB	SSN	
ADDRESS		
CITY	STATE	
ZIPCODE	PHONE	

### BILLING INFORMATION

<input type="checkbox"/> MEDICARE	<input type="checkbox"/> MEDICAID	<input type="checkbox"/> PATIENT	<input type="checkbox"/> COMMERCIAL	
<input type="checkbox"/> RELATIONSHIP	<input type="checkbox"/> SELF	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> CHILD	<input type="checkbox"/> OTHER
INSURANCE NAME				
ID #				
GROUP #				
WORKERS COMP INFO				
DATE OF INJURY				

### SPECIMEN COLLECTION INFORMATION

DATE	TIME
COLLECTOR	
FOR LAB USE ONLY	

### PRESCRIBED MEDICATIONS

<input type="checkbox"/> ABILIFY®	<input type="checkbox"/> CARISOPRODOL	<input type="checkbox"/> DILANTIN®	<input type="checkbox"/> FLUARAZEPAM	<input type="checkbox"/> METHADONE	<input type="checkbox"/> OXYCODONE	<input type="checkbox"/> SEROQUEL®	<input type="checkbox"/> VYVANSE®
<input type="checkbox"/> ACTIQ®	<input type="checkbox"/> CELEXA®	<input type="checkbox"/> DILAUDID®	<input type="checkbox"/> GABAPENTIN	<input type="checkbox"/> METHAMPHETAMINE	<input type="checkbox"/> OXYCONTIN®	<input type="checkbox"/> SERTRALINE	<input type="checkbox"/> XANAX®
<input type="checkbox"/> ADDERALL®	<input type="checkbox"/> CITALOPRAM	<input type="checkbox"/> DOLOPHINE®	<input type="checkbox"/> GEODON®	<input type="checkbox"/> HALOPERIDOL	<input type="checkbox"/> PAROXETINE	<input type="checkbox"/> SONATA®	<input type="checkbox"/> ZALEPLON
<input type="checkbox"/> ALPRAZOLAM	<input type="checkbox"/> CLONIPRAME	<input type="checkbox"/> CLONAZEPAM	<input type="checkbox"/> DOXEPIН	<input type="checkbox"/> DULOXETINE	<input type="checkbox"/> MIDAZOLAM	<input type="checkbox"/> SUBOXONE®	<input type="checkbox"/> ZIPRASIDONE
<input type="checkbox"/> AMBIEN®	<input type="checkbox"/> CLOMIPRAME	<input type="checkbox"/> CLOZAPINE	<input type="checkbox"/> DURAGESIC®	<input type="checkbox"/> DURAMORPH®	<input type="checkbox"/> MIRTAZAPINE	<input type="checkbox"/> TAPENTADOL	<input type="checkbox"/> ZOLOFT®
<input type="checkbox"/> AMITRIPTYLINE	<input type="checkbox"/> CODEINE	<input type="checkbox"/> CLOZAPINE	<input type="checkbox"/> DURGESIC®	<input type="checkbox"/> DURAMORPH®	<input type="checkbox"/> IMIPRAMINE	<input type="checkbox"/> PRISTIQ®	<input type="checkbox"/> ZOLPIDEM
<input type="checkbox"/> ARIPIPRAZOLE	<input type="checkbox"/> CYCLOBENZAPRINE	<input type="checkbox"/> CYMBALTA®	<input type="checkbox"/> EFFEXOR®	<input type="checkbox"/> ELAVIL®	<input type="checkbox"/> IONSYS®	<input type="checkbox"/> PROPOXYPHEN	<input type="checkbox"/> ZYPREXA®
<input type="checkbox"/> ATIVAN®	<input type="checkbox"/> DARVOSET-N®	<input type="checkbox"/> DARVOSET-N®	<input type="checkbox"/> FENTANYL	<input type="checkbox"/> FLEXERIL®	<input type="checkbox"/> LORAZEPAM	<input type="checkbox"/> PRozAC®	<input type="checkbox"/> TRAMADOL
<input type="checkbox"/> BUPRENORPHINE	<input type="checkbox"/> BUTALBITAL	<input type="checkbox"/> DELSYM®	<input type="checkbox"/> FLUNITRAZEPAM	<input type="checkbox"/> FLEXERIL®	<input type="checkbox"/> LORCET-HD®	<input type="checkbox"/> QUETIAPINE	<input type="checkbox"/> ULTRAM®
<input type="checkbox"/> BUTSPAR®	<input type="checkbox"/> CARBAMAZEPINE	<input type="checkbox"/> DEMEROL®	<input type="checkbox"/> FLUNITRAZEPAM	<input type="checkbox"/> MAPROTILINE	<input type="checkbox"/> LYRICA®	<input type="checkbox"/> RESTORIL®	<input type="checkbox"/> VENLAFAKINE
<input type="checkbox"/> CARBAMAZEPINE	<input type="checkbox"/> DEXTRORPHAN	<input type="checkbox"/> FLUOXETINE	<input type="checkbox"/> FLUNITRAZEPAM	<input type="checkbox"/> MEPROTILINE	<input type="checkbox"/> OLANZAPINE	<input type="checkbox"/> ROBITUSSIN®	<input type="checkbox"/> VICODIN®
			<input type="checkbox"/> FLUOXETINE	<input type="checkbox"/> MEPERIDINE	<input type="checkbox"/> OXAZEPAM	<input type="checkbox"/> ROXICODONE®	<input type="checkbox"/> VICOPROFEN®
					<input type="checkbox"/> OXAZEPAM	<input type="checkbox"/> VIVITROL®	<input type="checkbox"/> DRUG LIST ATTACHED
						<input type="checkbox"/> NO DRUG PRESCRIBED	

- 1
- 2
- 3
- 4
- 5
- 6

### ORAL FLUID DRUG CONFIRMATION (DEFINITIVE OR QUANTITATIVE TESTING UTILIZING LC-MS/MS TECHNOLOGY)

<input type="checkbox"/> AMphetamines	O1	<input type="checkbox"/> BUPrenorphine	O6	<input type="checkbox"/> KRATOM (ALKALOIDS)	O13	<input type="checkbox"/> OPIOIDS & OPIATE ANALOGS	O19	<input type="checkbox"/> TAPentadol	O25
<input type="checkbox"/> AMPHETAMINE		<input type="checkbox"/> BUPRENORPHINE		<input type="checkbox"/> 7-HYDROXYMITRAGYNNINE		<input type="checkbox"/> 6-BETA-NALTREXOL		<input type="checkbox"/> TAPENTADOL	
<input type="checkbox"/> METHAMPHETAMINE		<input type="checkbox"/> NORBUPRENORPHINE		<input type="checkbox"/> MITRAGYNNINE		<input type="checkbox"/> MEPERIDINE			
<input type="checkbox"/> ANTIDEPRESSANTS, SEROTONERGIC CLASS	O2	<input type="checkbox"/> CANNABINoIDS	O7	<input type="checkbox"/> MDMA (ECSTASY)	O14	<input type="checkbox"/> NALOXONE		<input type="checkbox"/> TRAMADOL	O26
<input type="checkbox"/> FLUoxetine		<input type="checkbox"/> THC		<input type="checkbox"/> MDA		<input type="checkbox"/> NALTREXONE		<input type="checkbox"/> O-DESmethylTRAMADOL	
<input type="checkbox"/> PARoxetine		<input type="checkbox"/> BENZOylecgonine		<input type="checkbox"/> MDMA		<input type="checkbox"/> NORMEPERIDINE		<input type="checkbox"/> TRAMADOL	
<input type="checkbox"/> SERTRALINE		<input type="checkbox"/> COCAINE		<input type="checkbox"/> METHADONE	O15	<input type="checkbox"/> NORoxycodone			
<input type="checkbox"/> ANTIDEPRESSANTS, OTHERS	O3	<input type="checkbox"/> FENTANYLs	O9	<input type="checkbox"/> EDDP		<input type="checkbox"/> OXYcodone	O20	<input type="checkbox"/> OXYcodone	
<input type="checkbox"/> TRAZODONE		<input type="checkbox"/> GABAPENTIN	O10	<input type="checkbox"/> METHADONE		<input type="checkbox"/> NORoxycodone		<input type="checkbox"/> NORoxycodone	
<input type="checkbox"/> VENLAFAxINE		<input type="checkbox"/> HEROIN METABOLITE	O11	<input type="checkbox"/> EDDP		<input type="checkbox"/> OXYcodone		<input type="checkbox"/> OXYcodone	
<input type="checkbox"/> BARBITURATES	O4	<input type="checkbox"/> KETAMINE & NORketamine	O12	<input type="checkbox"/> METHYLPHENIDATE	O16	<input type="checkbox"/> OXYMORPHONE		<input type="checkbox"/> OXYMORPHONE	
<input type="checkbox"/> BUTALBITAL		<input type="checkbox"/> KETAMINE		<input type="checkbox"/> RITALINIC ACID		<input type="checkbox"/> PCP (PHENCYCLIDINE)	O21	<input type="checkbox"/> PHENCYCLIDINE	
<input type="checkbox"/> PHENOBARBITAL		<input type="checkbox"/> NORketamine		<input type="checkbox"/> CARISOPRODOL		<input type="checkbox"/> PREGABALIN	O22	<input type="checkbox"/> PREGABALIN	
<input type="checkbox"/> BENZODIAZEPINES	O5			<input type="checkbox"/> CYCLOBENZAPRINE		<input type="checkbox"/> PROPOXYPHEN	O23	<input type="checkbox"/> PROPOXYPHEN	
<input type="checkbox"/> 7-AMINOCLONAZEPAM				<input type="checkbox"/> OPIATES	O18	<input type="checkbox"/> SEDATIVE HYPNOTICS	O24	<input type="checkbox"/> SEDATIVE HYPNOTICS	
<input type="checkbox"/> ALPHA-HYDROXYALPRAZOLAM				<input type="checkbox"/> CODEINE		<input type="checkbox"/> cZOLPIDEM			
<input type="checkbox"/> ALPRAZOLAM				<input type="checkbox"/> HYDROcodone					
<input type="checkbox"/> CLONAZEPAM				<input type="checkbox"/> HYDROMORPHONE					
<input type="checkbox"/> LORAZEPAM				<input type="checkbox"/> MORPHINE					
<input type="checkbox"/> NORDIAZEPAM				<input type="checkbox"/> NORHYDROcodone					
<input type="checkbox"/> OXAZEPAM									
<input type="checkbox"/> TEMAZEPAM									

→ PLEASE ORDER ONLY THE MEDICALLY NECESSARY DRUG TESTING FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT  
 → BY MARKING A CHECKBOX AT A DRUG CLASS LEVEL, TESTING FOR ALL THE ANALYTES WITHIN THE DRUG CLASS WILL BE PERFORMED AUTOMATICALLY  
 PERFORM COMPREHENSIVE CONFIRMATION TESTING FOR ALL THE DRUG CLASSES AND ANALYTES FROM O1 TO O26.

### HEALTHCARE PROVIDER INFORMATION & AUTHORIZATION

I AUTHORIZE THE ABOVE ORDERED TESTS AS MEDICALLY NECESSARY FOR THIS PARTICULAR PATIENT GIVEN THE PATIENT'S CLINICAL CONDITION

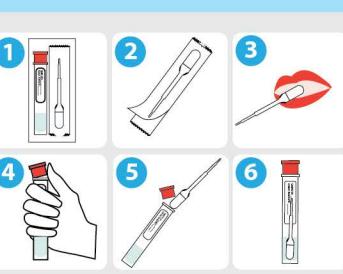
PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PATIENT AUTHORIZATION

I CERTIFY THAT I HAVE VOLUNTARILy PROVIDED A FRESH AND UNADULTERATED SPECIMEN FOR ANALYTICAL TESTING. THE INFORMATION PROVIDED ON THIS FORM AND, ON THE LABEL, OFFERED TO THE SPECIMEN TUBE IS ACCURATE. I AUTHORIZE MED SCREEN LABORATORIES (MSL) TO RELEASE THE RESULTS TO THE TREATING AUTHORIZED HEALTHCARE PROVIDER OR FACILITY. I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID DIRECTLY TO MSL FOR SERVICES I RECEIVED. I ACKNOWLEDGE THAT MSL MAY BE AN OUT-OF-NETWORK PROVIDER WITH MY INSURER. I ALSO UNDERSTAND THAT IN SOME CIRCUMSTANCES MY INSURER WILL SEND THE PAYMENT DIRECTLY TO ME. I AGREE TO ENDORSE INSURANCE CHECK AND FORWARD IT TO MSL WITHIN 30 DAYS OF RECEIPT. FAILURE TO DO SO MAY RESULT IN MY ACCOUNT BEING FORWARDED TO COLLECTIONS AND REPORTED TO A CREDIT BUREAU

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### INSTRUCTIONS



PATIENT'S NAME \_\_\_\_\_  
DOB \_\_\_\_\_

PLACE OVER CAP

1234

PLACE OVER CAP

→ SECURELY PLACE THE SEAL OVER THE TUBE

→ TO BE INSEPECTED BY MEDSCREEN LABS PERSONELL

COLLECTOR NAME \_\_\_\_\_  
COLLECTION TIME \_\_\_\_\_

MEDSCREEN LABORATORIES

DRUGS & METABOLITES	CUT-OFF	DETECTION TIME*	DRUGS & METABOLITES	CUT-OFF	DETECTION TIME*
➔ <b>AMPHETAMINES</b>			➔ <b>MDMA (ECSTASY)</b>		
AMPHETAMINE	5 ng/mL	1 TO 2 DAYS	MDA	5 ng/mL	1 TO 2 DAYS
METHAMPHETAMINE	5 ng/mL	1 TO 2 DAYS	MDMA	5 ng/mL	1 TO 2 DAYS
➔ <b>ANTIDEPRESSANTS, SEROTONERGIC CLASS</b>			➔ <b>METHADONE</b>		
FLUOXETINE	5 ng/mL	1 TO 2 DAYS	EDDP	5 ng/mL	1 TO 2 DAYS
PAROXETINE	5 ng/mL	1 TO 2 DAYS	METHADONE	5 ng/mL	1 TO 2 DAYS
SERTRALINE	5 ng/mL	1 TO 2 DAYS	➔ <b>METHYLPHENIDATE</b>		
➔ <b>ANTIDEPRESSANTS, OTHERS</b>			METHYLPHENIDATE	5 ng/mL	1 TO 2 DAYS
TRAZODONE	5 ng/mL	1 TO 2 DAYS	RITALINIC ACID	5 ng/mL	1 TO 2 DAYS
VENLAFAXINE	5 ng/mL	1 TO 2 DAYS	➔ <b>MUSCLE RELAXANTS</b>		
➔ <b>BARBITURATES</b>			CARISOPRODOL	5 ng/mL	1 TO 2 DAYS
BUTALBITAL	100 ng/mL	1 TO 2 DAYS	CYCLOBENZAPRINE	5 ng/mL	1 TO 2 DAYS
PHENOBARBITAL	100 ng/mL	1 TO 2 DAYS	➔ <b>OPIATES</b>		
➔ <b>BENZODIAZEPINES</b>			CODEINE	5 ng/mL	1 TO 2 DAYS
7-AMINOCLONAZEPAM	1 ng/mL	1 TO 2 DAYS	HYDROCODONE	5 ng/mL	1 TO 2 DAYS
ALPHA-HYDROXYALPRAZOLAM	1 ng/mL	1 TO 2 DAYS	HYDROMORPHONE	5 ng/mL	1 TO 2 DAYS
ALPRAZOLAM	1 ng/mL	1 TO 2 DAYS	MORPHINE	5 ng/mL	1 TO 2 DAYS
CLONAZEPAM	5 ng/mL	1 TO 2 DAYS	NORHYDROCODONE	5 ng/mL	1 TO 2 DAYS
LORAZEPAM	1 ng/mL	1 TO 2 DAYS	➔ <b>OPIOIDS &amp; OPIATE ANALOGS</b>		
NORDIAZEPAM	1 ng/mL	1 TO 2 DAYS	6-BETA-NALTREXOL	5 ng/mL	1 TO 2 DAYS
OXAZEPAM	1 ng/mL	1 TO 2 DAYS	MEPERIDINE	5 ng/mL	1 TO 2 DAYS
TEMAZEPAM	1 ng/mL	1 TO 2 DAYS	NALOXONE	5 ng/mL	1 TO 2 DAYS
➔ <b>BUPRENORPHINE</b>			NALTREXONE	5 ng/mL	1 TO 2 DAYS
BUPRENORPHINE	1 ng/mL	1 TO 2 DAYS	NORMEPERIDINE	5 ng/mL	1 TO 2 DAYS
NORBUPRENORPHINE	1 ng/mL	1 TO 2 DAYS	➔ <b>OXYCODONE</b>		
➔ <b>CANNABINOIDS</b>			NOROXYCODONE	5 ng/mL	1 TO 2 DAYS
THC	5 ng/mL	1 TO 2 DAYS	OXYCODONE	5 ng/mL	1 TO 2 DAYS
➔ <b>COCAINE</b>			OXYMORPHONE	5 ng/mL	1 TO 2 DAYS
BENZOYLECGONINE	5 ng/mL	1 TO 2 DAYS	➔ <b>PCP (PHENCYCLIDINE)</b>		
COCAINE	1 ng/mL	1 TO 2 DAYS	PHENCYCLIDINE	1 ng/mL	1 TO 2 DAYS
➔ <b>FENTANYLS</b>			➔ <b>PREGABALIN</b>		
FENTANYL	1 ng/mL	1 TO 2 DAYS	PREGABALIN	100 ng/mL	1 TO 2 DAYS
NORFENTANYL	1 ng/mL	1 TO 2 DAYS	➔ <b>PROPOXYPHENE</b>		
➔ <b>GABAPENTIN</b>			PROPOXYPHENE	1 ng/mL	1 TO 2 DAYS
GABAPENTIN	100 ng/mL	1 TO 2 DAYS	➔ <b>SEDATIVE HYPNOTICS</b>		
➔ <b>HEROIN METABOLITE</b>			CZOLPIDEM	2.5 ng/mL	1 TO 2 DAYS
6-MONOACETYLMORPHINE	5 ng/mL	1 TO 2 DAYS	➔ <b>TAPENTADOL</b>		
➔ <b>KETAMINE &amp; NORKETAMINE</b>			TAPENTADOL	5 ng/mL	1 TO 2 DAYS
KETAMINE	5 ng/mL	1 TO 2 DAYS	➔ <b>TRAMADOL</b>		
NORKETAMINE	5 ng/mL	1 TO 2 DAYS	O-DESMETHYLTRAMADOL	5 ng/mL	1 TO 2 DAYS
➔ <b>KRATOM (ALKALOIDS)</b>			TRAMADOL	5 ng/mL	1 TO 2 DAYS
7-HYDROXYMITRAGYNINE	5 ng/mL	1 TO 2 DAYS			
MITRAGYNINE	5 ng/mL	1 TO 2 DAYS			

\* DRUG DETECTION TIME CAN DEPEND ON A NUMBER OF FACTORS SUCH AS A PATIENT'S OVERALL HEALTH, METABOLIC PROFILE AGE, BODY WEIGHT, FREQUENCY OF DRUG USE, DRUG DOSAGE, DRUG TOLERANCE, PH.



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[www.medscreenlabs.com](http://www.medscreenlabs.com)

Director: Rakesh Abbi, MD

Clia ID# 31D2149272

PATIENT NAME: John, Doe

ACCESSION ID: 54321

DATE COLLECTED: 8/20/2019 12:01 AM

DOB:

PATIENT ID: 9876

DATE RECEIVED: 8/21/2019 10:24 AM

AGE:

DOCTOR:

DATE REPORTED: 8/21/2019 1:00 PM

GENDER:

DOCTOR NPI:

## DRUG ADHERENCE ASSESSMENT REPORT

## PRESCRIBED MEDICATIONS

6-Beta Naltrexol, Gabapentin, Quetiapine, Olanzapine, Wellbutrin

## CONSISTENT RESULT - REPORTED MEDICATION DETECTED (PARENT DRUG AND/OR METABOLITE)

REPORTED PRESCRIPTION	ANTICIPATED POSITIVE(S)	TEST OUTCOME	DETECTION WINDOW
6-Beta Naltrexol	6-Beta-Naltrexol	POSITIVE	1-3 Days
Gabapentin	Gabapentin	POSITIVE	5-7 days
Quetiapine	7-Hydroxyquetiapine	POSITIVE	2-7 days
Wellbutrin	Hydroxybupropion	POSITIVE	2-4 days

## INCONSISTENT RESULT - REPORTED MEDICATION NOT DETECTED (NEITHER PARENT DRUG NOR METABOLITE)

REPORTED PRESCRIPTION	ANTICIPATED POSITIVE(S)	TEST OUTCOME	DETECTION WINDOW
N/A	N/A	N/A	N/A

## INCONSISTENT RESULTS - ANALYTE DETECTED BUT NO CORRESPONDING PRESCRIPTION REPORTED

DETECTED ANALYTE	MEASURED RESULT	CUTOFF	TEST OUTCOME	DETECTION WINDOW
N/A	N/A	N/A	N/A	N/A

## ADDITIONAL MEDICATIONS REPORTED BUT NOT TESTED IN THIS REPORT

## HISTORY

DATE	8/19/2019	8/15/2019	8/14/2019	8/13/2019
CONSISTENT - PRESCRIBED DRUG FOUND	Gabapentin, Quetiapine, Wellbutrin	6-Beta Naltrexol, Gabapentin, Wellbutrin	Gabapentin	Gabapentin, Seroquel
INCONSISTENT - PRESCRIBED DRUG NOT FOUND		Seroquel	Seroquel	
INCONSISTENT - UNPREScribed DRUG FOUND				

## SPECIMEN VALIDITY TESTING

TEST	TEST OUTCOME	MEASURED RESULT	REFERENCE RANGE	UNITS
pH		5.7	4.7 - 7.8	
Oxidant		-11.0	200.0	ug/mL
Specific Gravity		1.025	1.003 - 1.035	g/mL
Creatinine	HIGH	293.0	80.0 - 200.0	mg/dL



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GENDER:

DOCTOR NPI:

## DRUG SCREENING

TEST NAME	RESULT	FLAG	CUTOFF	NOTES
6AM Screen	NEGATIVE			< 10 ng/mL is considered a NEGATIVE result
Amphetamine Screen	NEGATIVE			< 1000 ng/mL is considered a NEGATIVE result
Buprenorphine Screen	NEGATIVE			< 5 ng/mL is considered a NEGATIVE result
Cocaine Screen	NEGATIVE			< 300 ng/mL is considered a NEGATIVE result
Ethanol Screen	NEGATIVE			< 50 mg/dL is considered a NEGATIVE result
Methadone Screen	NEGATIVE			< 300 ng/mL is considered a NEGATIVE result
PCP Screen	NEGATIVE			< 25 ng/mL is considered a NEGATIVE result
Cannabinoid 50 Screen	NEGATIVE			< 50 ng/mL is considered a NEGATIVE result

## DRUG CONFIRMATION

TEST NAME	OUTCOME	MEASURED RESULT	CUTOFF	UNITS	STATUS
Alcohol Confirmation	Run by AB on 8/23/2019 9:16:01 AM at Location: MEDSCREEN				
Ethyl glucuronide (ETG)	Negative		500.0	ng/mL	Consistent Result
Ethyl sulfate (ETS)	Negative		100.0	ng/mL	Consistent Result

Antidepressants, Serotonergic Class	Run by AS on 8/22/2019 12:20:31 PM at Location: MEDSCREEN				
Duloxetine	Negative		50.0	ng/mL	Consistent Result
Fluoxetine	Negative		50.0	ng/mL	Consistent Result
N-Desmethylcitalopram	Negative		50.0	ng/mL	Consistent Result
Paroxetine	Negative		50.0	ng/mL	Consistent Result
Sertraline	Negative		50.0	ng/mL	Consistent Result

Antidepressants, Not Otherwise Specified	Run by AS on 8/22/2019 12:20:31 PM at Location: MEDSCREEN				
Hydroxybupropion	POSITIVE	>6000	50.0	ng/mL	CONSISTENT RESULT
O-Desmethylvenlafaxine	Negative		50.0	ng/mL	Consistent Result
Trazodone	Negative		50.0	ng/mL	Consistent Result
Venlafaxine	Negative		50.0	ng/mL	Consistent Result
Vilazodone	Negative		50.0	ng/mL	Consistent Result



# IMMUNOASSAY DRUG SCREENING CUT-OFF LEVEL REFERENCE GUIDE

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DRUGS OR DRUG CLASS	CUT-OFF	COMMON STREET NAMES
6-AM (HEROIN)	10 ng/mL	JUNK, SMACK, SKAG, 'H', BROWN, HORSE, WHITE HORSE, HARRY, BOY.
AMPHETAMINE	1000 ng/mL	ADDIES, BENNIES, CROSSES, HEARTS, LA TURNAROUND, SPEED, TRUCK DRIVERS, UPERS
BARBITURATES	200 ng/mL	TRANS, BARBS, YELLOW JACKETS, BLOCK BUSTERS, BIRDS, RED DEVILS
BENZODIAZEPINES	200 ng/mL	BARS, BICYCLE, CANDY, DOWNERS, EGGS, FRENCH FRIES, JELLIES, SLEEPING PILLS, TRANS, XANIES, ZAN
BUPRENORPHINE	5 ng/mL	BUSE, ORANGES, SOBOS, STOPS, STRIPS, SUB, SUBS
COCAINE	300 ng/mL	COKE, CRACK, ROCK, CHARLIE, SNOW, DUST, YAY-YO
ETHANOL	50 mg/dL	BOOZE, JUICE, HOOCH, SAUCE, ROTGUT
FENTANYL	1 ng/mL	APACHE, CHINA WHITE, DANCE FEVER, FRIEND, GOODFELLA, JACKPOT, MURDER 8, TANGO AND CASH, TNT
LSD	0.5 ng/mL	ACID, BLOTTER, DOTS, ELECTRIC KOOL AID, PURPLE HAZE, SUGAR CUBES, YELLOW SUNSHINE
MDMA	300 ng/mL	ADAM, BEANS, CANDY, DISCO BISCUITS, E, EGG ROLLS, EVE, HAPPY PILLS, MALCOLM, PEACE, VITAMIN X
METHADONE	300 ng/mL	AMIDONE, DOLLIES, DOLLS, FIZZIES, MUD, RED ROCK, TOOTSIE ROLL
METHAQUALONE	300 ng/mL	QUAALUDES, LUDES, QUADS, QUAY, SOPORS, 714S, MANDRAX, MANDIES, BUTTONS, LOVE DRUG
OPIATES	300 ng/mL	H, HORSE, JUNK, SMACK, SKAG, OXY, PERCS, VIKES, SIZZURP, LEAN, DRANK, CHINA WHITE, BLACK TAR, CHOCOLATE CHIP
OXYCODONE	100 ng/mL	30S, HILLBILLY HEROIN, O.C., OXY, ERCS, GREENIES, KICKERS, M-30S, PERCS, RIMS, TIRES, WHEELS, 512S
PHENCYCLIDINE(PCP)	25 ng/mL	ANGEL, ANGEL DUST, DUST, PURPLE RAIN, ROCKET FUEL, STARDUST, WET, YELLOW FEVER, ZOMBIE
PROPOXYPHENE	300 ng/mL	FOOTBALLS, N'S, PINK FOOTBALLS, PINKS, YELLOW FOOTBALLS, 65S
THC (CANNABINOIDS)	50 ng/mL	BLUNT, BUD, CHRONIC, DOPE, GANJA, GRASS, GREEN, HERB, JOINT, KIF, MARY JANE, POT, SKUNK, SMOKE, TREES, WEED
TCAs	300 ng/mL	VIVACTIL, ANAFRANIL, JANIMINE, TOFRANIL

# THE MED SCREEN PROCESS

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## SAMPLE COLLECTION

MSL PROVIDES ON-SITE COLLECTORS AND PHLEBOTOMISTS AS NEEDED.  
COLLECTORS ARE TRAINED TO INSTRUCT AND ASSIST THE PATIENT IN PROVIDING A SPECIMEN.  
COLLECTORS ARE RESPONSIBLE TO MAINTAIN THE INTEGRITY OF THE COLLECTION PROCESS, ENSURING PATIENT PRIVACY AND ENSURING SECURITY OF THE SPECIMEN.  
MSL PROVIDES ALL SUPPLIES NECESSARY TO COLLECT, PROCESS AND TRANSPORT SPECIMENS TO BE SENT TO THE LABORATORY FOR ANALYSIS.

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## SAMPLE PICK UP

SCHEDULED AND ON-DEMAND SAMPLE PICK UP BY OUR DEDICATED COURIER.  
COURIERS TRANSPORT LAB SAMPLES FOR TESTING IN SECURE CONTAINERS WITH PROFESSIONALISM AND COURTESY.  
COURIERS ARE TRAINED IN SPECIMEN HANDLING, COMPLIANCE AND BEST PRACTICE STANDARDS.  
COURIER ALSO DROPS OFF THE NECESSARY SUPPLIES TO OUR CLIENTS LOCATIONS.

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## SAMPLE INSPECTION AND ACCESSIONING

UPON ARRIVAL ALL SAMPLES ARE CHECKED TO EVALUATE SAMPLING AND HANDLING PROTOCOL.  
ANY SAMPLES THAT DO NOT MEET THE SAMPLE HANDLING PROTOCOL ARE DISQUALIFIED AND REPORTED TO THE FACILITY.  
SAMPLES ARE LOGGED INTO THE MSL SYSTEM.

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## TESTING PHASE

TESTING IS CONDUCTED IN A HIGHLY CONTROLLED AND REGULATED ENVIRONMENT USING THE MOST SOPHISTICATED INSTRUMENTS AND ANALYZERS BY OUR QUALIFIED AND EXPERIENCED SCIENTISTS.  
FROM ADVANCED CHEMISTRY ANALYZERS TO HIGHLY COMPLEX LC-MS/MS INSTRUMENTS, WE PROVIDE OUR CLIENTS WITH ALL KINDS OF TESTING SOLUTIONS.  
SAMPLE VALIDITY TESTING TO CHECK IF SAMPLE HAS BEEN DILUTED, BLEACHED OR ADULTERATED BY ANY MEANS.

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## SAMPLE STORAGE

MSL RETAINS ALL URINE SAMPLES FOR A TERM OF 60 DAYS.  
THE SAMPLES ARE STORED AT OPTIMUM TEMPERATURE TO ENSURE THE INTEGRITY OF THE SPECIMEN AND PROVIDE ACCURATE RESULTS IN CASE A RETEST IS ORDERED FOR THE SAME SPECIMEN.  
IF NO WRITTEN REQUEST FOR FURTHER TESTING IS RECEIVED THE SPECIMEN WILL BE DISCARDED AT THE END OF THE 60 DAY PERIOD.

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## RESULTS REVIEW AND RELEASE

FASTER TURN AROUND TIME WITH INITIAL SCREENING DONE WITHIN 5 TO 10 HOURS AND CONFIRMATION TESTING WITHIN 24 HOURS.  
EACH RESULT IS THOROUGHLY REVIEWED AND THEN APPROVED BY OUR EXPERTS.  
OUR TOXICOLOGISTS ARE AVAILABLE FOR CONSULTATION ABOUT PATIENT RESULTS AROUND THE CLOCK AND CAN ASSIST OUR CLIENTS TO INTERPRET THE REPORTS.

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## BILLING

MSL HAS A TEAM OF LABORATORY BILLING PROFESSIONALS WITH YEARS OF COMBINED EXPERIENCE THAT UNDERSTAND THE NUANCES AND COMPLEXITIES OF CLINICAL AND TOXICOLOGY LABORATORY BILLING.  
TRAINED SPECIMEN COLLECTORS TO ENSURE DEMOGRAPHIC INFORMATION IS ACCURATE.  
PATIENT ENCOUNTER MONITORING TO ENSURE EVERY SPECIMEN IS PROPERLY BILLED.  
MSL BILLING WILL WORK CLOSELY WITH THE FACILITY TO ENSURE ADHERENCE TO CONTRACTED RATES.

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