



Toxicology Options

1) PRACTICE INFORMATION		2) COLLECTOR INFORMATION (if more than one provide list)	
Physician (MD, NP) First /Last Name:		Collector's name [First, Last]:	
Business/Practice Name:		Address:	
Address:		City/State/Zip:	
City/State/Zip:		Phone:	
3) DIAGNOSIS CODE(S) (Provided by Ordering Physician)			
CHOOSE YOUR TESTING PROFILES			
You are requesting Lifespring Laboratories, LLC to Confirm and/or Screen the Profiles of Drug Classes below. By signing this form you approve the following panel on all of your patient samples, and confirm the following tests as medically necessary for your patients' diagnosis. I understand the potential implications of ordering custom profiles			
TESTING REQUEST (MARK DRUG CLASSES IN TABLE BELOW)			
*All specimens include validity testing **Definitive testing confirmed by LCMS for Positives and Unexpected Negatives			
<input type="checkbox"/> Presumptive Screen <input type="checkbox"/> Definitive <input type="checkbox"/> Presumptive and Definitive			

CPT: 80307 PRESUMPTIVE SCREEN PROFILE <input type="checkbox"/>						
6-acetylmorphine (6-AM; heroin metabolite)	Barbiturates	Buprenorphine	EDDP (methadone metabolite)	Oxycodone	Tramadol	Methamphetamine
Amphetamine	Benzodiazepines	Cocaine	Fentanyl SEFRIA™	Phencyclidine (PCP)	Marijuana	Opiates

CPT: G0481 DEFINITIVE PROFILE <input type="checkbox"/>						
6-acetylmorphine (6-AM; heroin metabolite)	Barbiturates	Buprenorphine	EDDP (methadone metabolite)	Oxycodone	Tramadol	Methamphetamine
Amphetamine	Benzodiazepines	Cocaine	Fentanyl SEFRIA™	Phencyclidine (PCP)	Marijuana	Opiates

CPT: G0483 DEFINITIVE PROFILE <input type="checkbox"/>												
6-AM; heroin metabolite)	Cotinine	Pregabalin	Barbiturates	Buprenorphine		EDDP (methadone metabolite)		Oxycodone	Fluoxetine	Tramadol	Naltrexone	Methamphetamine
Amphetamine 1-2	Methylphenidate		Benzodiazepines 1-12	Cocaine	Acetaminophen	Fentanyl	Gabapentin	Phencyclidine (PCP)		THC	Ketamine	Opiates 1 or More

ARE YOU PERFORMING POINT-OF-CARE TESTS ON SITE (CIRCLE OPTION BELOW)?			
<input type="checkbox"/> No	No POCT performed by Provider (Lifespring Labs authorized to perform EIA presumptive screen and confirm positives and unexpected negatives)	<input type="checkbox"/> Yes	POCT results recorded by Provider (Lifespring authorized to confirm positives and unexpected negatives)

PLEASE CHECK OTHER DRUG TESTS LISTED BELOW FOR ADDITIONAL CONFIRMATIONS OR CUSTOM PROFILE

CANNIBOIDS 80349 THC-COOH <input type="checkbox"/>	OPIOIDS AND OPIATE ANALOGS 80362 Meperidine (Ex. Demerol®) <input type="checkbox"/> Naloxone (Ex. Demerol®) Naltrexone (Ex. Vivitrol®)	BENZODIAZEPINES 80346 7-aminoclonazepam <input type="checkbox"/> Temazepam Alpha-hydroxyalprazolam Diazepam (Ex.Valium®) Oxazepam Nordiazepam Desalkylflurazepam (Ex. Dalmane®) Flunitrazepam (Ex. Rohypnol®) Tapentadol (Ex.Nucynta®) Lorazepam (Ex. Ativan®)
ANTIDEPRESSANTS NOS 80323 Bupropion (Ex. Wellbutrin XL®) <input type="checkbox"/> Trazodone (Ex. Desyrel®) Venlafaxine (Ex. Effexor XR®)	OPIATES 80361 Codeine <input type="checkbox"/> Hydrocodone (Ex. Norco®) Norhydrocodone Hydromorphone (Ex. Exalgo ER®) Morphine (Ex. MS Contin®)	ANTIDEPRESSANTS, SEROTONERGIC CLASS 80332 - 80334 Citalopram (Ex. Celexa®) <input type="checkbox"/> Fluoxetine (Ex. Prozac®) <input type="checkbox"/> Paroxetine (Ex. Paxil®) <input type="checkbox"/> Sertraline (Ex. Zoloft®) <input type="checkbox"/>
BARBITURATES 80345 Butalbital (Ex. Fiorcet®) <input type="checkbox"/> Phenobarbital (Ex. Luminal®)	OXYCODONE 80365 Oxycodone (Ex. Oxycontin®) <input type="checkbox"/> Noroxycodone Oxymorphone (Ex. Opana®)	NERVE INJURY DRUGS 80339 Carbamazepine (Antiepileptics NOS) <input type="checkbox"/> 80355 Gabapentin, non-blood (Neurontin®) <input type="checkbox"/> 80366 Pregabalin (Ex. Lyrica®) <input type="checkbox"/>
METHYLPHENIDATE DRUG CLASS 80360 Methylphenidate (Ex. Concerta®) <input type="checkbox"/>	SKELETAL MUSCLE RELAXANTS 80369 - 80370 Carisoprodol (Ex. Soma®) <input type="checkbox"/> Meprobamate <input type="checkbox"/> Cyclobenzaprine (Ex. Flexeril®) <input type="checkbox"/>	METHADONE 80358 Methadone (Ex. Dolophine ®) <input type="checkbox"/> EDDP
ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 80335 - 80337 Amitriptyline (Ex. Elavil®) <input type="checkbox"/> Desipramine (Ex. Norpramin®) <input type="checkbox"/> Doxepin (Ex. Silenor®) <input type="checkbox"/> Imipramine (Ex. Tofranil®) <input type="checkbox"/> Nortriptyline (Ex. Pamelor®) <input type="checkbox"/>	ANALGESICS 80329 Acetaminophen (Analgesics, Non Opioid Drug Class) <input type="checkbox"/> 80348 Buprenorphine (Ex. Subutex®) <input type="checkbox"/> Norbuprenorphine 80354 Fentanyl (Ex. Duragesic®) <input type="checkbox"/> Norfentanyl 80357 Ketamine (Ex. Ketalar®) <input type="checkbox"/> Norketamine 80367 Propoxyphene (Ex.Darvocet®) <input type="checkbox"/> 80372 Tapentadol (Ex.Nucynta®) <input type="checkbox"/>	NON-BENZODIAZEPINE HYPNOTICS 80368 Zolpidem (Ex. Ambien®) <input type="checkbox"/> Zolpidem Carboxylic Acid
STIMULANTS, SYNTHETIC 80373 Tramadol <input type="checkbox"/> O-desmethyiltramadol		AMPHETAMINES 80324 Amphetamine (Ex. Adderrall®) <input type="checkbox"/> Methamphetamine
OTHER DRUGS OR SUBSTANCES 80375 Diphenhydramine (Ex. Benadryl®) <input type="checkbox"/> 80323 Cotinine (Alkaloid Drug Class) <input type="checkbox"/>		
ILLICIT DRUGS 80345 6-MAM (Heroin Metabolite) <input type="checkbox"/> 80353 Benzoylcegonine (Cocaine Metabolite) <input type="checkbox"/> 80359 MDMA (Ex. Ecstasy) <input type="checkbox"/> MDA <input type="checkbox"/> 83992 PCP <input type="checkbox"/>		

PROVIDER SIGNATURE

Signature: _____ Date: _____

