



Prorenata Laboratories, LLC

Toll Free: (555) 555-5555 • Fax: (555) 555-5555

8222 S. 48th Street, Suite 210

Phoenix, Arizona 85044

TOXICOLOGY REQUISITION

Laboratory Use Only

PATIENT INFORMATION

Last Name	First Name	M.I.
Street Address	Apt#	City
State	ZIP	
Phone	SSN	D.O.B.
M		
F		

INSURANCE INFORMATION

Insurance Name	I.D. #	Group#
ICD-10 CODES		

PATIENT CONSENT AND AUTHORIZATION:

I supplied accurate and true information with this form. If I supplied insurance information, I authorize payment of my insurance benefits directly to Prorenata Labs. I authorize Prorenata Labs to be my Designated Representative and to appeal any denial of health benefits. I understand Prorenata Labs may be out of network with my plan, and I accept responsibility for paying to Prorenata Labs any amounts my insurer determines are my responsibility after calculating deductibles, co-payments and co-insurance due under my policy. I understand I am legally responsible for sending Prorenata Labs any money received from my health insurance company for performance of this laboratory test. I also allow the release of medical information necessary to process this claim.

PROVIDER AUTHORIZATION TO TEST:

I am authorized to order laboratory tests and hereby order the tests indicated below. I confirm these test(s) are medically necessary for the treatment of the patient. I supplied accurate and true information on this form. I am aware information has been supplied to the patient about drug testing and that the patient has consented to the testing through his/her signature on this form. I understand that it is my responsibility to document medical necessity for testing in the patient record and to provide a copy of the same to PRORENATA LABS upon request.

Patient Signature

Date

Physician Signature

Date

☐ NO POCT Performed. Lab requested to perform screening levels.

POCT SCREENING PANEL

Time Collected: _____ AM / PM	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
Date Collected: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature checked within 4 minutes of collection and is between 90 - 100 °F or 32 - 38 °C. Circle: (Yes) (No) (Not Measured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AMP	COC	MTD	PCP	BAR	MDMA	OPI	TCA
	BZO	MET	OXY	THC				

URINE DRUG SCREEN TEST MENU

☐ Presumptive Urine Drug Screen (UDS)

6-Acetylmorphine
Amphetamine
Barbiturates
Benzodiazepine (Cocaine Metabolite)
Buprenorphine
Cannabis (THC)

Cocaine
Methadone
Methylenedioxymethamphetamine (MDMA-Ecstasy)
Opiates
Oxycodone
Phencyclidine (PCP)

URINE DRUG CONFIRMATION TEST MENU

1083 <input type="checkbox"/> Amphetamines Amphetamine Methamphetamine	1085 <input type="checkbox"/> Benzodiazepines 7- Aminoclonazepam α- Hydroxylprazolam α-Hydroxymidazolam α-Hydroxytriazolam Hydroxyethylflurazepam Lorazepam Nordiazepam Oxazepam Temazepam	1264 <input type="checkbox"/> Illicit Esoteric 25i-NBOMe Carfentanyl Flakka Kratom Krokodil Levamisole Psilocin U-47700 W-18	1265 <input type="checkbox"/> Opiates and Opioids Codeine Morphine Hydrocodone Hydromorphone Naloxone Naltrexone metabolite Dextromethorphan Meperidine metabolite
1131 <input type="checkbox"/> Methylphenidate metabolite Ritalinic acid	1099 <input type="checkbox"/> Spice-K2 JWH 122 JWH 210 JWH 250	1156 <input type="checkbox"/> Ketamine	1266 <input type="checkbox"/> Oxycodone Oxycodone Oxymorphone Noroxycodone
1084 <input type="checkbox"/> Antidepressants Amitriptyline metabolite Duloxetine Fluoxetine Paroxetine Sertraline Venlafaxine	1263 <input type="checkbox"/> Illicit Common Cocaine metabolite Heroin metabolite MDMA (Ecstasy) MDA MDEA Phencyclidine	1087 <input type="checkbox"/> Muscle Relaxants Cyclobenzaprine metabolite Meprobamate (Carisoprodol metabolite)	1267 <input type="checkbox"/> Methadone Methadone EDDP
1132 <input type="checkbox"/> Gabapentin		1180 <input type="checkbox"/> Buprenorphine Buprenorphine Norbuprenorphine	1186 <input type="checkbox"/> Norfentanyl (Fentanyl) Fentanyl metabolite
1133 <input type="checkbox"/> Pregabalin			1184 <input type="checkbox"/> O-desmethyl-Tramadol
1088 <input type="checkbox"/> Sedative Hypnotics (Z-drugs) Zaleplon Zolpidem Zopiclone/Eszopiclone			

1183 ☐ **Tapentadol**
1191 ☐ **Quetiapine**

Please select any drug or drug class from the menu that might be relevant to med list and/or screened positive point of care test (POCT)

Urine Confirmation Panels*

☐ **Full Confirmation Panel**
(All Drug Classes & Metabolites)

☐ **Illicit Confirmation Panel**
(See back of req for description)

☐ **Psychiatric Confirmation Panel**
(See back of req for description)

* Please see back of the requisition for the details on urine confirmation panels

PRESCRIBED MEDICATIONS (check all that apply)

Amphetamines <input type="checkbox"/> Adderall <input type="checkbox"/> Concerta <input type="checkbox"/> Desoxyn <input type="checkbox"/> Dexedrine <input type="checkbox"/> Methylphenidate <input type="checkbox"/> Ritalin <input type="checkbox"/> Vyvanse Anticonvulsants <input type="checkbox"/> Neurontin <input type="checkbox"/> Lyrica Antidepressants <input type="checkbox"/> Adapin <input type="checkbox"/> Amitriptyline <input type="checkbox"/> Coperin <input type="checkbox"/> Cymbalta <input type="checkbox"/> Cymgen	<input type="checkbox"/> Duloxetine <input type="checkbox"/> Effexor <input type="checkbox"/> Elavil <input type="checkbox"/> Fluoxetine <input type="checkbox"/> Pamelor <input type="checkbox"/> Butisol <input type="checkbox"/> Paxil <input type="checkbox"/> Prozac <input type="checkbox"/> Venlafaxine Antipsychotics <input type="checkbox"/> Seroquel Barbiturates <input type="checkbox"/> Amytal <input type="checkbox"/> Butalbital <input type="checkbox"/> Nembutal <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Secobarbital	Benzodiazepines <input type="checkbox"/> Alprazolam <input type="checkbox"/> Ativan <input type="checkbox"/> Clonazepam <input type="checkbox"/> Dalmane <input type="checkbox"/> Flurazepam <input type="checkbox"/> Halcion <input type="checkbox"/> Klonopin <input type="checkbox"/> Madar <input type="checkbox"/> Midazolam <input type="checkbox"/> Restoril <input type="checkbox"/> Serax <input type="checkbox"/> Triazolam <input type="checkbox"/> Valium <input type="checkbox"/> Versed <input type="checkbox"/> Xanax	Hypnotic Z-drugs <input type="checkbox"/> Eszopiclone <input type="checkbox"/> Sonata <input type="checkbox"/> Stilnox <input type="checkbox"/> Ambien <input type="checkbox"/> Zimovane Muscle Relaxants <input type="checkbox"/> Carisoprodol <input type="checkbox"/> Cyclobenzaprine <input type="checkbox"/> Equanil <input type="checkbox"/> Flexeril <input type="checkbox"/> Meprobamate <input type="checkbox"/> Miltown <input type="checkbox"/> Soma Opiates/Opioids <input type="checkbox"/> Avinza <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Butrans <input type="checkbox"/> Codeine <input type="checkbox"/> Darvocet	<input type="checkbox"/> Darvon <input type="checkbox"/> Demerol <input type="checkbox"/> Dilaudid <input type="checkbox"/> Dolophine <input type="checkbox"/> Duragesic <input type="checkbox"/> Embeda <input type="checkbox"/> Endocet <input type="checkbox"/> Fentanyl <input type="checkbox"/> Fentora <input type="checkbox"/> Hydrocodone <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Kadian <input type="checkbox"/> Lortab <input type="checkbox"/> Meperidine <input type="checkbox"/> Methadone <input type="checkbox"/> Morphine <input type="checkbox"/> MS Contin <input type="checkbox"/> MSIR <input type="checkbox"/> Naloxone <input type="checkbox"/> Naltrexone	<input type="checkbox"/> Norco <input type="checkbox"/> Nucynta <input type="checkbox"/> Numorphan <input type="checkbox"/> Opana <input type="checkbox"/> Oxy IR <input type="checkbox"/> Oxycodone <input type="checkbox"/> Oxycotin <input type="checkbox"/> Oxymorphone <input type="checkbox"/> Percodan <input type="checkbox"/> Percocet <input type="checkbox"/> Roxicodone <input type="checkbox"/> Ryzolt <input type="checkbox"/> Sublimaze <input type="checkbox"/> Suboxone <input type="checkbox"/> Subutex <input type="checkbox"/> Tapentadol <input type="checkbox"/> Tramadol <input type="checkbox"/> Ultram <input type="checkbox"/> Vicodin <input type="checkbox"/> Vicoprofe	Others <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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