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|  | MEDICALLY ASSISTED THERAPY  LABORATORY REQUEST & RESULT TRACKER | FORM 3Fb VER. Ver April. 2023 |

**Name of Client.................................................................SEX…………………………………… MAT ID..................................Date of Enrollment…………………**

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| **TESTS DONE** | **DATES AND RESULTS [Positive (P), Negative (N)]** | | | | | | | | | | | |
| DATE: | | DATE: | | DATE: | | DATE: | | DATE: | | DATE: | |
| **VISIT TYPE:** Induction/Re-induction/Follow Up |  | |  | |  | |  | |  | |  | |
|  | REQUEST | RESULT | REQUEST | RESULT | REQUEST | RESULT | REQUEST | RESULT | REQUEST | RESULT | REQUEST | RESULT |
| **URINE TOXICOLOGY** |  |  |  |  |  |  |  |  |  |  |  |  |
| Cocaine (COC) |  |  |  |  |  |  |  |  |  |  |  |  |
| Amphetamine (AMP) |  |  |  |  |  |  |  |  |  |  |  |  |
| Methamphetamine (MET) |  |  |  |  |  |  |  |  |  |  |  |  |
| Marijuana (THC) |  |  |  |  |  |  |  |  |  |  |  |  |
| Methadone (MTD) |  |  |  |  |  |  |  |  |  |  |  |  |
| Buprenorphine (BUP) |  |  |  |  |  |  |  |  |  |  |  |  |
| Morphine (MOP) |  |  |  |  |  |  |  |  |  |  |  |  |
| Opiates (OPI) |  |  |  |  |  |  |  |  |  |  |  |  |
| Phencyclidine (PCP) |  |  |  |  |  |  |  |  |  |  |  |  |
| Barbiturates (BAR) |  |  |  |  |  |  |  |  |  |  |  |  |
| Benzodiazepine (BZO) |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Drugs |  |  |  |  |  |  |  |  |  |  |  |  |
| **OTHER TESTS** |  |  |  |  |  |  |  |  |  |  |  |  |
| HIV |  |  |  |  |  |  |  |  |  |  |  |  |
| Hepatitis B |  |  |  |  |  |  |  |  |  |  |  |  |
| Hepatitis C |  |  |  |  |  |  |  |  |  |  |  |  |
| VDRL |  |  |  |  |  |  |  |  |  |  |  |  |
| Pregnancy |  |  |  |  |  |  |  |  |  |  |  |  |
| Viral Load |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Tests |  |  |  |  |  |  |  |  |  |  |  |  |
| CLINICIANS/LAB TEC initials |  |  |  |  |  |  |  |  |  |  |  |  |
| CLINICIANS/LAB TEC Signature Lab |  |  |  |  |  |  |  |  |  |  |  |  |