



# URINE TOXICOLOGY TEST REQUISITION

Please Place Barcode Label Here

**Specimen Information**  
 Temperature read within 4 minutes and is in range of 32.2 - 37.8°C (90-100°F)  
 Yes  No If NO, Actual Temp \_\_\_\_\_  
 Collected By \_\_\_\_\_ Date Collected \_\_\_\_\_ Time Collected \_\_\_\_\_

475 Knollcrest Drive Redding, CA 96002 • Phone: (877) 319-7222 • Fax: (530) 319-7225

Patient's Legal Name (Last, First, MI)		Sex	Date of Birth MO DAY YR	
Patient's Address		Phone		
City	State	Zip		
Responsible Party Legal Name (Last, First, MI) - <i>if different from patient</i>				
Responsible Party Address		Phone		
City	State	Zip		

Primary Insurance	Secondary Insurance
Insurance	Insurance
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Insurance Phone #	Insurance Phone #
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name

Diagnosis Code(s)

Practice/Clinic Name

Physician's Name

Physician's NPI # \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Physician/Authorized Signature \_\_\_\_\_ Physician's Fax \_\_\_\_\_

Notes from Physician:

Mark if Prescribed	Medication/Drug	Order	Mark if Prescribed	Medication/Drug	Order	Mark if Prescribed	Medication/Drug	Order	Mark if Prescribed	Medication/Drug	Order
<b>OPIATES</b>			<b>BENZODIAZEPINES</b>			<b>ANTIDEPRESSANTS</b>			<b>ILLCIT SUBSTANCES</b>		
<input type="checkbox"/>	Codeine (Tylenol #3)	<input type="checkbox"/>	<input type="checkbox"/>	Alprazolam (Xanax)	<input type="checkbox"/>	<input type="checkbox"/>	Citalopram (Celexa)	<input type="checkbox"/>	<input type="checkbox"/>	- Cocaine <i>Metabolite</i>	<input type="checkbox"/>
<input type="checkbox"/>	Hydrocodone (Vicodin)	<input type="checkbox"/>	<input type="checkbox"/>	Clonazepam (Klonopin)	<input type="checkbox"/>	<input type="checkbox"/>	Duloxetine (Cymbalta)	<input type="checkbox"/>	<input type="checkbox"/>	- Phencyclidine (PCP)	<input type="checkbox"/>
<input type="checkbox"/>	Norhydrocodone	<input type="checkbox"/>	<input type="checkbox"/>	Diazepam (Valium)	<input type="checkbox"/>	<input type="checkbox"/>	Fluoxetine (Prozac)	<input type="checkbox"/>	<input type="checkbox"/>	- Mitragynine (Kratom)	<input type="checkbox"/>
<input type="checkbox"/>	Hydromorphone (Dilaudid)	<input type="checkbox"/>	<input type="checkbox"/>	Nordiazepam	<input type="checkbox"/>	<input type="checkbox"/>	Paroxetine (Paxil)	<input type="checkbox"/>	<input type="checkbox"/>	- Mephedrone	<input type="checkbox"/>
<input type="checkbox"/>	Morphine (MSContin)	<input type="checkbox"/>	<input type="checkbox"/>	Lorazepam (Ativan)	<input type="checkbox"/>	<input type="checkbox"/>	Venlafaxine (Effexor)	<input type="checkbox"/>	<input type="checkbox"/>	- LSD	<input type="checkbox"/>
<b>OPIOIDS AND RELATED</b>			<input type="checkbox"/>	Oxazepam (Serax)	<input type="checkbox"/>	<input type="checkbox"/>	O-Desmethylvenlafaxine	<input type="checkbox"/>	<input type="checkbox"/>	- JHW-073	<input type="checkbox"/>
<input type="checkbox"/>	Fentanyl (Duragesic)	<input type="checkbox"/>	<input type="checkbox"/>	Temazepam (Restoril)	<input type="checkbox"/>	<input type="checkbox"/>	Wellbutrin <i>Metabolite</i>	<input type="checkbox"/>	<input type="checkbox"/>	- Heroin <i>Metabolite</i>	<input type="checkbox"/>
<input type="checkbox"/>	Norfentanyl	<input type="checkbox"/>	<input type="checkbox"/>	Alpha Hydroxyalprazolam	<input type="checkbox"/>	<input type="checkbox"/>	Amitriptyline (Elavil)	<input type="checkbox"/>	<input type="checkbox"/>	- MDMA (Ecstasy)	<input type="checkbox"/>
<input type="checkbox"/>	Methadone	<input type="checkbox"/>	<input type="checkbox"/>	7-Aminoclonazepam	<input type="checkbox"/>	<input type="checkbox"/>	Desipramine (Norpramin)	<input type="checkbox"/>	<input type="checkbox"/>	- MDPV	<input type="checkbox"/>
<input type="checkbox"/>	EDDP ( <i>Methadone Metabolite</i> )	<input type="checkbox"/>	<input type="checkbox"/>	Triazolam	<input type="checkbox"/>	<input type="checkbox"/>	Imipramine (Tofranil)	<input type="checkbox"/>	<input type="checkbox"/>	- Methylone	<input type="checkbox"/>
<input type="checkbox"/>	Oxycodone (Oxycontin)	<input type="checkbox"/>	<b>OTHER</b>			<input type="checkbox"/>	Nortriptyline (Pamelor)	<input type="checkbox"/>	<b>BARBITURATES</b>		
<input type="checkbox"/>	Oxymorphone (Opana)	<input type="checkbox"/>	<input type="checkbox"/>	Dextromethorphan	<input type="checkbox"/>	<input type="checkbox"/>	Cyclobenzaprine (Flexeril)	<input type="checkbox"/>	<input type="checkbox"/>	Butalbital (Fiorinal)	<input type="checkbox"/>
<input type="checkbox"/>	Tapentadol (Nucynta)	<input type="checkbox"/>	<input type="checkbox"/>	Pregablin (Lyrica)	<input type="checkbox"/>	<input type="checkbox"/>	Doxepin	<input type="checkbox"/>	<input type="checkbox"/>	Phenobarbital	<input type="checkbox"/>
<input type="checkbox"/>	Tramadol (Ultram)	<input type="checkbox"/>	<input type="checkbox"/>	Carisoprodol (Soma)	<input type="checkbox"/>	<input type="checkbox"/>	Trazadone	<input type="checkbox"/>	<input type="checkbox"/>	Secobarbital	<input type="checkbox"/>
<input type="checkbox"/>	O-Desmethyltramadol	<input type="checkbox"/>	<input type="checkbox"/>	THC (Marijuana)	<input type="checkbox"/>	<b>ANTIPSYCHOTICS</b>			<b>ALCOHOL</b>		
<input type="checkbox"/>	Noroxycodone	<input type="checkbox"/>	<input type="checkbox"/>	Gabapentin (Neurontin)	<input type="checkbox"/>	<input type="checkbox"/>	Aripiprazole (Abilify)	<input type="checkbox"/>	<input type="checkbox"/>	- Ethyl Glucuronide	<input type="checkbox"/>
<input type="checkbox"/>	Normeperidine	<input type="checkbox"/>	<input type="checkbox"/>	Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	Olanzapine (Zyprexa)	<input type="checkbox"/>	<input type="checkbox"/>	- Ethyl Sulfate	<input type="checkbox"/>
<input type="checkbox"/>	Propoxyphene	<input type="checkbox"/>	<input type="checkbox"/>	Zolpidem (Ambien)	<input type="checkbox"/>	<input type="checkbox"/>	Risperidone (Risperdal)	<input type="checkbox"/>	<b>SSRI</b>		
<input type="checkbox"/>	Buprenorphine (Suboxone)	<input type="checkbox"/>	<input type="checkbox"/>	Meprobamate	<input type="checkbox"/>	<input type="checkbox"/>	Haloperidol	<input type="checkbox"/>	<input type="checkbox"/>	Sertraline (Zoloft)	<input type="checkbox"/>
<input type="checkbox"/>	Norbuprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	Cotinine (Tobacco)	<input type="checkbox"/>	<input type="checkbox"/>	Clozapine (Clozaril)	<input type="checkbox"/>	<b>SPECIAL INSTRUCTIONS</b>		
<input type="checkbox"/>	Naloxone (Suboxone)	<input type="checkbox"/>	<input type="checkbox"/>	Buspirone	<input type="checkbox"/>	<input type="checkbox"/>	Quetiapine (Seroquel)	<input type="checkbox"/>			
<input type="checkbox"/>	Meperidine (Demerol)	<input type="checkbox"/>	<input type="checkbox"/>	Topiramate (Topamax)	<input type="checkbox"/>	<b>STIMULANTS</b>					
<input type="checkbox"/>	Naltrexone (Vivitrol)	<input type="checkbox"/>	<input type="checkbox"/>	Lamotrigine	<input type="checkbox"/>	<input type="checkbox"/>	Methylphenidate (Ritalin)	<input type="checkbox"/>			
			<input type="checkbox"/>	Carbamazepine (Tegretol)	<input type="checkbox"/>	<input type="checkbox"/>	Phentermine (Adipex-P)	<input type="checkbox"/>			
						<b>AMPHETAMINES</b>					
						<input type="checkbox"/>	Amphetamine (Adderall)	<input type="checkbox"/>			
						<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>			

Medicare and Medicaid will only pay for tests that are medically reasonable and necessary based on the clinical condition of each patient. Medical Providers should only order tests that are medically necessary for the diagnosis or treatment or the patient.