



# 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

Is Patient Pregnant?     Yes     No

Diagnosis Code(s)

Physician/Authorized Signature

Mark if Prescribed	Medication/Drug	Order
<b>ANTIDEPRESSANTS</b>		
<input type="checkbox"/>	Amitriptyline (Elavil)	<input type="checkbox"/>
<input type="checkbox"/>	Citalopram (Celexa)	<input type="checkbox"/>
<input type="checkbox"/>	Cyclobenzaprine (Flexeril)	<input type="checkbox"/>
<input type="checkbox"/>	Desipramine (Norpramin)	<input type="checkbox"/>
<input type="checkbox"/>	Doxepin	<input type="checkbox"/>
<input type="checkbox"/>	Duloxetine (Cymbalta)	<input type="checkbox"/>
<input type="checkbox"/>	Fluoxetine (Prozac)	<input type="checkbox"/>
<input type="checkbox"/>	Imipramine (Tofranil)	<input type="checkbox"/>
<input type="checkbox"/>	Nortriptyline (Pamelor)	<input type="checkbox"/>
<input type="checkbox"/>	O-Desmethylvenlafaxine (Pristiq)	<input type="checkbox"/>
<input type="checkbox"/>	Paroxetine (Paxil)	<input type="checkbox"/>
<input type="checkbox"/>	Trazadone	<input type="checkbox"/>
<input type="checkbox"/>	Venlafaxine (Effexor)	<input type="checkbox"/>
<input type="checkbox"/>	Wellbutrin Metabolite	<input type="checkbox"/>
<b>ANTIPSYCHOTICS</b>		
<input type="checkbox"/>	Aripiprazole (Abilify)	<input type="checkbox"/>
<input type="checkbox"/>	Clozapine (Clozaril)	<input type="checkbox"/>
<input type="checkbox"/>	Haloperidol	<input type="checkbox"/>
<input type="checkbox"/>	Olanzapine (Zyprexa)	<input type="checkbox"/>
<input type="checkbox"/>	Quetiapine (Seroquel)	<input type="checkbox"/>
<input type="checkbox"/>	Risperidone (Risperdal)	<input type="checkbox"/>
<b>STIMULANTS</b>		
<input type="checkbox"/>	Methylphenidate (Ritalin)	<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"/>

Mark if Prescribed	Medication/Drug	Order
<b>BENZODIAZEPINES</b>		
<input type="checkbox"/>	Alprazolam (Xanax)	<input type="checkbox"/>
<input type="checkbox"/>	Clonazepam (Klonopin)	<input type="checkbox"/>
<input type="checkbox"/>	Diazepam (Valium)	<input type="checkbox"/>
<input type="checkbox"/>	Nordiazepam	<input type="checkbox"/>
<input type="checkbox"/>	Lorazepam (Ativan)	<input type="checkbox"/>
<input type="checkbox"/>	Oxazepam (Serax)	<input type="checkbox"/>
<input type="checkbox"/>	Temazepam (Restoril)	<input type="checkbox"/>
<input type="checkbox"/>	Alpha Hydroxyalprazolam	<input type="checkbox"/>
<input type="checkbox"/>	7-Aminoclonazepam	<input type="checkbox"/>
<input type="checkbox"/>	Triazolam	<input type="checkbox"/>
<b>OTHER</b>		
<input type="checkbox"/>	Buspirone	<input type="checkbox"/>
<input type="checkbox"/>	Carbamazepine (Tegretol)	<input type="checkbox"/>
<input type="checkbox"/>	Carisoprodol (Soma)	<input type="checkbox"/>
<input type="checkbox"/>	Cotinine (Tobacco)	<input type="checkbox"/>
<input type="checkbox"/>	Dextromethorphan	<input type="checkbox"/>
<input type="checkbox"/>	Gabapentin (Neurontin)	<input type="checkbox"/>
<input type="checkbox"/>	Ketamine	<input type="checkbox"/>
<input type="checkbox"/>	Lamotrigine	<input type="checkbox"/>
<input type="checkbox"/>	Meprobamate	<input type="checkbox"/>
<input type="checkbox"/>	Pregablin (Lyrica)	<input type="checkbox"/>
<input type="checkbox"/>	THC (Marijuana)	<input type="checkbox"/>
<input type="checkbox"/>	Topiramate (Topamax)	<input type="checkbox"/>
<input type="checkbox"/>	Zolpidem (Ambien)	<input type="checkbox"/>

Mark if Prescribed	Medication/Drug	Order
<b>OPIATES</b>		
<input type="checkbox"/>	Codeine (Tylenol #3)	<input type="checkbox"/>
<input type="checkbox"/>	Hydrocodone (Vicodin)	<input type="checkbox"/>
<input type="checkbox"/>	Hydromorphone (Dilaudid)	<input type="checkbox"/>
<input type="checkbox"/>	Morphine (MSContin)	<input type="checkbox"/>
<input type="checkbox"/>	Norhydrocodone	<input type="checkbox"/>
<b>OPIOIDS AND RELATED</b>		
<input type="checkbox"/>	Buprenorphine	<input type="checkbox"/>
<input type="checkbox"/>	EDDP (Methadone Metabolite)	<input type="checkbox"/>
<input type="checkbox"/>	Fentanyl (Duragesic)	<input type="checkbox"/>
<input type="checkbox"/>	Meperidine (Demerol)	<input type="checkbox"/>
<input type="checkbox"/>	Methadone	<input type="checkbox"/>
<input type="checkbox"/>	Naloxone	<input type="checkbox"/>
<input type="checkbox"/>	Naltrexone (Vivitrol)	<input type="checkbox"/>
<input type="checkbox"/>	Norbuprenorphine	<input type="checkbox"/>
<input type="checkbox"/>	Norfentanyl	<input type="checkbox"/>
<input type="checkbox"/>	Normeperidine	<input type="checkbox"/>
<input type="checkbox"/>	Noroxycodone	<input type="checkbox"/>
<input type="checkbox"/>	O-Desmethyltramadol	<input type="checkbox"/>
<input type="checkbox"/>	Oxycodone	<input type="checkbox"/>
<input type="checkbox"/>	Oxymorphone (Opana)	<input type="checkbox"/>
<input type="checkbox"/>	Propoxyphene	<input type="checkbox"/>
<input type="checkbox"/>	Tapentadol (Nucynta)	<input type="checkbox"/>
<input type="checkbox"/>	Tramadol (Ultram)	<input type="checkbox"/>

Mark if Prescribed	Medication/Drug	Order
<b>ILLICIT SUBSTANCES</b>		
<input type="checkbox"/>	Cocaine Metabolite	<input type="checkbox"/>
<input type="checkbox"/>	Heroin Metabolite	<input type="checkbox"/>
<input type="checkbox"/>	JHW-073 (Synthetic Cannabinoid)	<input type="checkbox"/>
<input type="checkbox"/>	LSD	<input type="checkbox"/>
<input type="checkbox"/>	MDMA (Ecstasy)	<input type="checkbox"/>
<input type="checkbox"/>	MDPV (Bath Salt)	<input type="checkbox"/>
<input type="checkbox"/>	Mephedrone (Bath Salt)	<input type="checkbox"/>
<input type="checkbox"/>	Methylone (Bath Salt)	<input type="checkbox"/>
<input type="checkbox"/>	Mitragynine (Kratom)	<input type="checkbox"/>
<input type="checkbox"/>	Phencyclidine (PCP)	<input type="checkbox"/>
<input type="checkbox"/>	Xylazine (Tranq)	<input type="checkbox"/>
<b>BARBITURATES</b>		
<input type="checkbox"/>	Butalbital (Fiorinal)	<input type="checkbox"/>
<input type="checkbox"/>	Phenobarbital	<input type="checkbox"/>
<input type="checkbox"/>	Secobarbital	<input type="checkbox"/>
<b>ALCOHOL</b>		
<input type="checkbox"/>	Ethyl Glucuronide	<input type="checkbox"/>
<input type="checkbox"/>	Ethyl Sulfate	<input type="checkbox"/>
<b>SSRI</b>		
<input type="checkbox"/>	Sertraline (Zoloft)	<input type="checkbox"/>
<b>SPECIMEN VALIDITY TESTING</b>		
<input type="checkbox"/>	Creatinine	<input type="checkbox"/>
<input type="checkbox"/>	Oxidants	<input type="checkbox"/>
<input type="checkbox"/>	pH	<input type="checkbox"/>
<input type="checkbox"/>	Specific Gravity	<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 of the patient.