

PATIENT INFORMATION

First Name _____
 Last Name _____
 DOB ____/____/____ Male Female

PHYSICIAN INFORMATION

Please attach office information stamp or label inside the box.

DATE OF COLLECTION

TIME OF COLLECTION

IMPORTANT, PLEASE CHECK HERE IF:

/ /

:

Initial drug screen was performed at the doctor's office.

DIAGNOSIS CODE(S)

TESTING OPTION

Screen & Quantitative Confirmation (TOXICOLOGY PANEL)
 Perform Tests Indicated on Requisition
 Screen, Confirm Positives & Medication List*

PRESCRIBED MEDICATIONS

Note: Indicating a medication does not constitute a test request. Test requests are indicated in a separate section on this requisition.

- | | | | | |
|--|--|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Alprazolam | <input type="checkbox"/> Codeine | <input type="checkbox"/> Hydrocodone | <input type="checkbox"/> Morphine | <input type="checkbox"/> Suboxone |
| <input type="checkbox"/> Amitriptyline | <input type="checkbox"/> Cyclobenzaprine | <input type="checkbox"/> Hydromorphone | <input type="checkbox"/> Oxazepam | <input type="checkbox"/> Temazepam |
| <input type="checkbox"/> Amphetamine | <input type="checkbox"/> Desipramine | <input type="checkbox"/> Imipramine | <input type="checkbox"/> Oxycodone | <input type="checkbox"/> Tramadol |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Diazepam | <input type="checkbox"/> Lorazepam | <input type="checkbox"/> Oxymorphone | <input type="checkbox"/> Zolpidem |
| <input type="checkbox"/> Carisoprodol | <input type="checkbox"/> Fentanyl | <input type="checkbox"/> Methadone | <input type="checkbox"/> Pregabalin | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clonazepam | <input type="checkbox"/> Gabapentin | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Tapentadol | <input type="checkbox"/> Other _____ |

TOXICOLOGY PANEL

DRUGS SCREEN

- | | | | | | | | |
|--|------------------------------------|---|---|----------------------------------|--|--|---|
| <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Oxycodone | <input type="checkbox"/> Benzodiazepine | <input type="checkbox"/> Amphetamine | <input type="checkbox"/> Opiate | <input type="checkbox"/> Cannabinoids | <input type="checkbox"/> TCA | <input type="checkbox"/> Creatinine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Methadone | <input type="checkbox"/> Barbiturate | <input type="checkbox"/> 6-Acetylmorphine | <input type="checkbox"/> Ethanol | <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Phencyclidine | <input type="checkbox"/> PH |
| | | | | | | | <input type="checkbox"/> Specific Gravity |
| | | | | | | | <input type="checkbox"/> Oxidants |

DRUGS CONFIRMATION

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> OPIATES
<input type="checkbox"/> Hydrocodone
<input type="checkbox"/> Hydromorphone
<input type="checkbox"/> Oxycodone
<input type="checkbox"/> Oxymorphone
<input type="checkbox"/> Morphine
<input type="checkbox"/> Codeine
<input type="checkbox"/> Noroxycodone
<input type="checkbox"/> Norhydrocodone | <input type="checkbox"/> BARBITURATES
<input type="checkbox"/> Phenobarbital
<input type="checkbox"/> Butalbital | <input type="checkbox"/> BENZODIAZEPINES
<input type="checkbox"/> A-Hydroxyalprazolam
<input type="checkbox"/> 7-Aminoclonazepam
<input type="checkbox"/> Lorazepam
<input type="checkbox"/> Nordiazepam
<input type="checkbox"/> Temazepam
<input type="checkbox"/> Alprazolam
<input type="checkbox"/> Oxazepam | <input type="checkbox"/> MUSCLE RELAXANTS/RELATED
<input type="checkbox"/> Carisoprodol
<input type="checkbox"/> Meprobamate
<input type="checkbox"/> Cyclobenzaprine |
| <input type="checkbox"/> OPIOIDS
<input type="checkbox"/> Fentanyl
<input type="checkbox"/> Norfentanyl
<input type="checkbox"/> Tramadol
<input type="checkbox"/> Desmethyl-Tramadol
<input type="checkbox"/> Tapentadol | <input type="checkbox"/> ILLICIT DRUGS
<input type="checkbox"/> THC/Cannabinoids Metabolite
<input type="checkbox"/> Benzoylcegonine (Cocaine Metabolite)
<input type="checkbox"/> 6-Acetylmorphine (Heroin Metabolite)
<input type="checkbox"/> Methylenedioxy methamphetamine (MDMA)
<input type="checkbox"/> PCP (Phencyclidine) | <input type="checkbox"/> TCA
<input type="checkbox"/> Amitriptyline
<input type="checkbox"/> Imipramine
<input type="checkbox"/> Desipramine | <input type="checkbox"/> OTHER DRUGS
<input type="checkbox"/> Pregabalin
<input type="checkbox"/> Gabapentin |
| <input type="checkbox"/> ANTIPSYCHOTIC
<input type="checkbox"/> Quetiapine | <input type="checkbox"/> BUPRENORPHINE
<input type="checkbox"/> Buprenorphine
<input type="checkbox"/> Norbuprenorphine | <input type="checkbox"/> SEDATIVES (SLEEP AIDS)
<input type="checkbox"/> Zolpidem-phenyl - 4 Carboxylic Acid | <input type="checkbox"/> STIMULANTS
<input type="checkbox"/> Amphetamine
<input type="checkbox"/> Methamphetamine
<input type="checkbox"/> Ritalinic Acid |
| <input type="checkbox"/> ANTICONVULSANT
<input type="checkbox"/> Topiramate | <input type="checkbox"/> METHADONE
<input type="checkbox"/> Methadone
<input type="checkbox"/> EDDP | <input type="checkbox"/> ANTIDEPRESSANT
<input type="checkbox"/> Bupropion
<input type="checkbox"/> O-Desmethylvenlafaxine
<input type="checkbox"/> Duloxetine
<input type="checkbox"/> Trazodone | <input type="checkbox"/> SSRI
<input type="checkbox"/> Fluoxetine
<input type="checkbox"/> Norfluoxetine
<input type="checkbox"/> Paroxetine
<input type="checkbox"/> Sertraline |

*only those medications are confirmed which are included in the Drug Confirmation Panel
 *Oral swabs tested for different panel

INSURANCE RELEASE/CONSENT & PATIENT'S SIGNATURE

Consent/Insurance Release: I voluntarily consent to the collection and testing of my specimen. I authorize the laboratory to release the result of this testing to the ordering facility and or my insurance company. Furthermore, I authorize my insurance benefits directly to Woodhills Labs for the services I receive.

Signature: _____ Date: _____

ORDERING PHYSICIAN'S SIGNATURE

Signature: _____ Date: _____