



AC 1153302

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Date
Patient Initials

SPECIMEN INFORMATION
DATE COLLECTED TIME COLLECTED
Temperature read within 4 minutes and is in range of 32.0 - 37.3 °C (90-100°F)
YES NO If NO: Actual Temp:

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Ordering Physician Facility:

1 PATIENT INFORMATION REQUIRED - PLEASE COMPLETE ALL YELLOW HIGHLIGHTED SECTIONS

Last Name
First Name, Middle Initial
Home Address
City, State, Zip
Gender
Social Security Number / Date of Birth / Phone Number

PRIMARY PAYER GROUP
Medicaid
Medicare
Workers' Compensation
Tricare
Commercial
Private Pay
Other

DIAGNOSIS CODES (ICD-10)
Z79.891 - long term (current use of opiate medication) (v58.69)
Z51.81 - therapeutic drug monitoring (v58.83)
G89.4 - chronic pain syndrome (338.4)
M54.5 - lumbago (724.2)
F55.8 - abuse of other non-psychoactive substances
F41.9 - anxiety disorder (300.00)
F19.20 - unspecified drug dependence (304.90)
Z91.19 - patient's noncompliance with other medical treatment and regimen
Other

2 PATIENT AUTHORIZATION

I certify that I have voluntarily provided a fresh unadulterated urine specimen for analytical testing. The information provided on this form and on the label affixed to the specimen bottle is accurate. I authorize Simple Laboratories to release the results of this testing to the treating physician or facility. I hereby authorize my insurance benefits to be paid directly to Simple Laboratories for services I received. I am also aware that in some circumstances my insurer will send the payment directly to me. I agree to endorse the insurance check and forward it to Simple Laboratories within 30 days of the receipt. Failure to do so may result in my account being forwarded to Collections and reported to a Credit Bureau. I understand that Simple Laboratories may use the specimen and any testing performed on that specimen, for research, development, and potential publication purposes, so long as the information has been properly de-identified pursuant to the law.

PLEASE SIGN

3 CURRENT MEDICATION

Grid of medication checkboxes including ADDERALL, ALPRAZOLAM, AMBIEN, AMITRIPTYLINE, BUPRENORPHINE, BUPROPION, BUTRANS, CLONAZEPAM, CYCLOBENZAPRINE, DEMEROL, DIAZEPAM, DILAUDID, DURAGESIC, ELAVIL, FENTANYL, FENTORA, FIORICET, FIORINAL, FLEXERIL, FLUOXETINE, GABAPENTIN, HYDROCODONE, HYDROCODONE/APAP, HYDROMORPHONE, KETAMINE, KLONOPIN, LORAZEPAM, LORTAB, LYRICA, MEPERIDINE, METHADONE, METHYLPHENIDATE, MORPHINE, MSIR, NALTREXONE, NEURONTIN, NORTRIPTYLINE, NUCYNTA, OXECTA/OPANA, OXYCODONE, OXYCONTIN, PAROXETINE, PERCOCET, PREGABALIN, RESTORIL, RITALIN, ROXICET, ROXICODONE, SERAX, SOMA, SUBOXONE, SUBUTEX, TAPENTADOL, TEMAZEPAM, TRAMADOL, VALIUM, VENLAFAXINE, VICODIN, VICOPROFEN, XANAX, ZOLPIDEM, OTHER

4 ORDER TESTS - SECTIONS A, B, AND C MUST BE COMPLETED TO INITIATE TESTING

A. Record Presumptive Results and Order Tests. If this section is complete, Section B doesn't need to be completed unless deemed necessary by authorized provider.

Presumptive Testing was performed. Please note: If selected additional testing by EIA will not be performed. Presumptive Testing not performed: Refer to back panel details. Patient Risk Assessment: Aberrant, High Risk, Moderate Risk, Low Risk, New Patient, Other

B. Order Tests - Please only utilize if medically necessary and section A is not appropriate for individual patients

Table with columns for Medication or Drug, Definitive LC-MS/MS Test, Immuno-assay Test, Confirm + results, Confirm - results, and Confirm results. Rows include ADHD, Alcohol Metabolites, Amphetamine/Meth, Antagonists-Addiction, Anticonvulsant, Antidepressant, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine and Metabolite, Fentanyl & Metabolite, Hypnotic, Meperidine & Metabolite, Methadone & Metabolite, Muscle Relaxant, Nicotine & Metabolite, Opiates & Opioids, Oxycodone & Metabolite, Phencyclidine, Tapentadol, Tramadol & Metabolite, and Tricyclic Antidepressants.

C. AUTHORIZED PROVIDER SIGNATURE Date: