



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: _____

AC 1153302



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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 _____
M F Social Security Number / Date of Birth / Phone Number _____

PRIMARY PAYER GROUP

- Medicaid
- Medicare
- Workers' Compensation
- Tricare
- Commercial
- Private Pay
- Other _____

DIAGNOSIS CODES (ICD-10) ⁽⁵⁾

- 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

- | | | | | | | |
|--|------------------------------------|---|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> ADDERALL | <input type="checkbox"/> DEMEROL | <input type="checkbox"/> FLEXERIL | <input type="checkbox"/> LORTAB | <input type="checkbox"/> NORTRIPTYLINE | <input type="checkbox"/> RITALIN | <input type="checkbox"/> TRAMADOL |
| <input type="checkbox"/> ALPRAZOLAM | <input type="checkbox"/> DIAZEPAM | <input type="checkbox"/> FLUOXETINE | <input type="checkbox"/> LYRICA | <input type="checkbox"/> NUCYNTA | <input type="checkbox"/> ROXICET | <input type="checkbox"/> VALIUM |
| <input type="checkbox"/> AMBIEN | <input type="checkbox"/> DILAUDID | <input type="checkbox"/> GABAPENTIN | <input type="checkbox"/> MEPERIDINE | <input type="checkbox"/> OXECTA/OPANA | <input type="checkbox"/> ROXICODONE | <input type="checkbox"/> VENLAFAXINE |
| <input type="checkbox"/> AMITRIPTYLINE | <input type="checkbox"/> DURAGESIC | <input type="checkbox"/> HYDROCODONE | <input type="checkbox"/> METHADONE | <input type="checkbox"/> OXYCODONE | <input type="checkbox"/> SERAX | <input type="checkbox"/> VICODIN |
| <input type="checkbox"/> BUPRENORPHINE | <input type="checkbox"/> ELAVIL | <input type="checkbox"/> HYDROCODONE/APAP | <input type="checkbox"/> METHYLPHENIDATE | <input type="checkbox"/> OXYCONTIN | <input type="checkbox"/> SOMA | <input type="checkbox"/> VICOPROFEN |
| <input type="checkbox"/> BUPROPRION | <input type="checkbox"/> FENTANYL | <input type="checkbox"/> HYDROMORPHONE | <input type="checkbox"/> MORPHINE | <input type="checkbox"/> PAROXETINE | <input type="checkbox"/> SUBOXONE | <input type="checkbox"/> XANAX |
| <input type="checkbox"/> BUTRANS | <input type="checkbox"/> FENTORA | <input type="checkbox"/> KETAMINE | <input type="checkbox"/> MSIR | <input type="checkbox"/> PERCOCET | <input type="checkbox"/> SUBUTEX | <input type="checkbox"/> ZOLPIDEM |
| <input type="checkbox"/> CLONAZEPAM | <input type="checkbox"/> FIORICET | <input type="checkbox"/> KLONOPIN | <input type="checkbox"/> NALTREXONE | <input type="checkbox"/> PREGABALIN | <input type="checkbox"/> TAPENTADOL | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> CYCLOBENZAPRINE | <input type="checkbox"/> FIORINAL | <input type="checkbox"/> LORAZEPAM | <input type="checkbox"/> NEURONTIN | <input type="checkbox"/> RESTORIL | <input type="checkbox"/> TEMAZEPAM | <input type="checkbox"/> 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

Drug Family	Pos(+)	Neg(-)	Confirm Results (1)
1. Opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Oxycodone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Presumptive Testing not performed: Refer to back panel details

- 12 panel w/reflex⁷
- 12 panel
- 11 panel w/reflex⁷
- 11 panel
- 9 panel w/reflex⁷
- 9 panel
- Other _____

Patient Risk Assessment: Optional (for informational purposes only)

- 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

Medication or Drug	Definitive LC-MS/MS Test ¹	Immuno-assay Test ²	Confirm + results ^{1,3}	Confirm - results ^{1,4}	Medication or Drug	Definitive LC-MS/MS Test ¹	Immuno-assay Test ²	Confirm + results ^{1,3}	Confirm - results ^{1,4}	Medication or Drug	Definitive LC-MS/MS Test ¹	Immuno-assay Test ²	Confirm + results ^{1,3}	Confirm - results ^{1,4}
ADHD**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzodiazepines**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypnotic**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Methylphenidate *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Alprazolam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Zolpidem *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Ritalinic acid *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- α-Hydroxyalprazolam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Zolpidem Metabolite *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Metabolites**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Clonazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Eszopiclone/ Zopiclone *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- ETG *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- 7-Aminoclonazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MDMA and Metabolites**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- ETS *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Diazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- MDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine/Meth**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Nordiazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- MDEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Flunitrazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Flurazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meperidine & Metabolite**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antagonists-Addiction**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- α-Hydroxyethylflurazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Meperidine *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Naltrexone *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Desalkylflurazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Normeperidine *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticonvulsant**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Lorazepam *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methadone & Metabolite**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Gabapentin *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Oxazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Pregabalin *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Temazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressant**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buprenorphine**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Relaxant**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Bupropion *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Carisoprodol *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Norbuprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Meprobamate *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Amobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cannabinoids**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Cyclobenzaprine *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Butalbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- THCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- N-Desmethylyclobenz *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Phenobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cocaine and Metabolite**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicotine & Metabolite**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Pentobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Nicotine *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Secobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Benzoylcegonine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Cotinine *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Fentanyl & Metabolite**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
					- Fentanyl *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
					- Norfentanyl *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

C. AUTHORIZED PROVIDER SIGNATURE⁶: _____

Date: _____

¹ LCMS ONLY
² By marking a definitive/confirmation test at the drug family level, all analytes will be tested