



SPECIMEN INFORMATION

DATE COLLECTED / / TIME COLLECTED

Temperature read within 4 minutes and is in range of 32.2 - 37.3°C (90-100°F)

 YES NO If NO: Actual Temp _____

SPECIMEN ID NUMBER _____

TEST REQUISITION

Patient Information

Patient Last Name _____

Patient First Name, Middle Initial _____

Gender M F

Patient Social Security Number _____ - _____ - _____

 Uninsured Patient

Date of Birth _____ / _____ / _____

Date of Injury _____ / _____ / _____

F WORKERS' COMP

Practice Information

Requesting Provider _____

REQUIRED

PLEASE COMPLETE ALL GREEN HIGHLIGHTED SECTIONS.

Diagnosis Code(s) _____

ORDER TESTS

A Specimen Type

 Urine Oral Fluid

B Order Tests

 Urine Drug Screen

(Amphetamines, Benzodiazepine, Cocaine Metabolite, Ecstasy (MDMA), Opiate, Cannabinoid)

 Comprehensive Illicit Panel Comprehensive Non-Illicit Panel

SINGLE LC-MS/MS TEST MEDICATION OR DRUG

Amphetamines Panel
 Amphetamine
 MDA
 Mephedrone
 Methamphetamine
 Methylphenidate
 Ritalinic Acid

Anti Depressants Panel
 Amitriptyline
 Cyclobenzaprine
 Desipramine
 Doxepin
 Duloxetine
 Imipramine
 Nortriptyline

Illicit and Other Drugs Panel
 Cocaine
 Cocaine Metabolite (Benzoylcegonine)
 Heroin
 Heroin Metabolite (6-MAM)
 JWH-018 Pentanoic
 JWH-073 Butanoic
 JWH-073 Hydroxybutyl
 JWH-200
 MDEA

SINGLE LC-MS/MS TEST MEDICATION OR DRUG

Illicit and Other Drugs Panel cont.
 MDMA
 Mitragynine / Kratom
 Norcocaine
 THC-COOH

Opiates Panel
 Codeine
 Dihydrocodeine
 Hydrocodone
 Hydromorphone
 Morphine
 Morphine-3 Glucuronide
 Morphine-6 Glucuronide
 Norcodeine
 Norhydrocodone
 Normorphine
 Noroxycodone
 Oxycodeine
 Oxymorphone

Other Drugs Panel
 Baclofen
 Clonidine
 Gabapentin
 Ketamine
 Norketamine

SINGLE LC-MS/MS TEST MEDICATION OR DRUG

Other Drugs Panel cont.
 Norpseudoephedrine
 Pregabalin
 Tizantidine

Synthetic Opioids Panel
 Buprenorphine Free Form
 Buprenorphine Glucuronide
 Desmethyltapentadol
 Desmethyltramadol
 EDDP-Methadone Metabolite
 Fentanyl
 Meperidine
 Methadone
 Naloxone
 Naloxone Glucuronide
 Naltrexone
 Norbuprenorphine
 Norbuprenorphine Free
 Norbuprenorphine Glucuronide
 Norfentanyl
 Normeperidine
 Propoxyphene
 Tapentadol
 Tramadol

SINGLE LC-MS/MS TEST MEDICATION OR DRUG

Sedative Panel
 Alphahydroxyalprazolam (Metabolite)
 Alprazolam
 Aminoclonazepam
 Butalbital
 Carisoprodol
 Clonazepam
 Diazepam
 Flurazepam
 Hydroxylalprazolam
 Lorazepam
 Meprobamate
 Metaxalone
 Nordiazepam
 Oxazepam
 Phenobarbital
 Secobarbital (Metabolite)
 Temazepam
 Zaleplon
 Zolpidem

Alcohol Panel
 Ethyl Alcohol
 Ethyl Glucuronide

Urine Adulteration Test

Patient's Prescribed Medications

 Medication list attached.

Indicating a medication in this section DOES NOT constitute a test request

- Alprazolam
- Amitriptyline
- Amphetamine-Adderall-Vivane
- Aripiprazole
- Buprenorphine
- Bupropion
- Butalbital
- Butrans
- Carisoprodol
- Citalopram
- Clonazepam
- Clozapine
- Codeine
- Concerta / Methylphenidate
- Cyclobenzaprine
- Desipramine
- Diazepam / Valium
- Doxepin
- Duloxetine
- Fentanyl - Duragesic
- Fioricet
- Fiorinal
- Flexeril
- Fluoxetine
- Gabapentin
- Gabapentin / Neurontin
- Haloperidol
- Hydrocodone / APAP / VICODIN / NORCO
- Hydromorphine
- Ketamine
- Lorazepam
- Lyrica
- Meperidine - Demerol
- Methadone
- Methamphetamine
- Morphine
- MSIR
- Naltrexone
- Nortriptyline
- Oxazepam
- Oxycodeone
- Oxymorphone
- Paroxetine
- Percocet
- Phenobarbital
- Pregabalin
- Propoxyphene
- Quetiapine
- Ritalin (Methylphenidate)
- Suboxone (Buprenorphine)
- Tapentadol
- Temazepam (RESTORIL)
- Tramadol
- Venlafaxine
- Zolpidem

Additional Medications:

An inconsistent result may be recorded on a report if a complete medication list is not provided.

I, the undersigned, understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance. By signing this authorization, I allow the release of any medical information necessary to process this claim. By signing, I certify that I have provided an unadulterated and fresh sample to be analyzed. I acknowledge that the laboratory has my permission to release my results directly to the treating physician or facility.

Spring Diagnostics also has my permission to outsource the processing of this sample at their discretion. I hereby authorize my insurance benefits to be paid directly to the laboratory for services rendered and I agree to endorse any payments received from my insurer and forward them directly to the Laboratory for services rendered. I also authorize Spring Diagnostics to be an authorized representative to appeal any claims on my behalf for services billed to my insurance by Spring Diagnostics.

Patient Signature: _____

I authorize the above ordered laboratory test(s). If no profile is selected, Spring Diagnostics will refer to your custom profile for testing and any additional test you have ordered on this form.

Date: _____

Physician Signature: _____

Date: _____

Collector Signature: _____

Date: _____