



(Box A)  
HDx Labs use  
ONLY

(Box B)  
**P84**  
Place Patient Label  
Here

HDx Labs CLIA # 10D2281222

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Medical Director: Jennifer Loch, DO

### Urine Toxicology

CLINIC NAME: \_\_\_\_\_ ORDERED BY: \_\_\_\_\_ NPI NUMBER: \_\_\_\_\_ CLINIC PHONE # \_\_\_\_\_

#### Collection Information

Collection Site: \_\_\_\_\_ Specimen Type: **Urine** Observed: \_\_\_\_\_  
Collected By: \_\_\_\_\_ Lab Alt ID: \_\_\_\_\_ Fasting: \_\_\_\_\_  
Collection By: \_\_\_\_\_ Account Alt ID: \_\_\_\_\_ Stat: \_\_\_\_\_

#### Patient Information

Patient Name: \_\_\_\_\_ Address: \_\_\_\_\_ Account #: \_\_\_\_\_  
SSN: \_\_\_\_\_ Cell #: \_\_\_\_\_ Emil Address: \_\_\_\_\_  
DOB: \_\_\_\_\_ Home #: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: **Male Female**

#### ORDER INFORMATION IF NOT CONFIRMING ALL, SELECT THE DRUGS INDIVIDUALLY

SCREEN/CONFIRM ALL	SCREEN/CONFIRM	LCMS Panel	CONFIRM ONLY
Amphetamine (LCMS)	Methamphetamine (LCMS)	MDEA (LCMS)	MDMA (LCMS)
Alprazolam (LCMS)	7-Aminoclonazepam (LCMS)	Lorazepam (LCMS)	Nordiazepam (LCMS)
Oxazepam (LCMS)	Temazepam (LCMS)	Buprenorphine (LCMS)	Norbuprenorphine (LCMS)
Benzoylcegonine (LCMS)	PCP (LCMS)	THC-COOH (LCMS)	Oxycodone (LCMS)
Noroxycodone (LCMS)	Oxymorphone (LCMS)	Tapentadol (LCMS)	Tramadol (LCMS)
Carisoprodol (LCMS)	Meprobamate (LCMS)	Cyclobenzaprine (LCMS)	Fentanyl (LCMS)
Norfentanyl (LCMS)	Gabapentin (LCMS)	Pregabalin (LCMS)	Ketamine (LCMS)
Norketamine (LCMS)	Meperidine (LCMS)	Normeperidine (LCMS)	Methadone (LCMS)
Methadone metabolite (EDDP) (LCMS)	Zolpidem (LCMS)	Butalbital (LCMS)	Phenobarbital (LCMS)
Secobarbital (LCMS)	Mitragynine (LCMS)	Naloxone (LCMS)	Naltrexone (LCMS)
Morphine (LCMS)	Hydromorphone (LCMS)	Codeine (LCMS)	Hydrocodone (LCMS)
Norhydrocodone (LCMS)	6-MAM (LCMS)	a-Hydroxylprazolam (LCMS)	Amitriptyline (LCMS)
Aripiprazole (LCMS)	Cotinine (LCMS)	Desipramine (LCMS)	Dextrorphan (LCMS)
Dextromethorphan (LCMS)	Doxepin (LCMS)	Duloxetine (LCMS)	Fluoxetine (LCMS)
Imipramine (LCMS)	MDA (LCMS)	Methylphenidate (LCMS)	Nortriptyline (LCMS)
O-desmethyltramadol (LCMS)	Phentermine (LCMS)	Propoxyphene (LCMS)	Ritalinic Acid (LCMS)
Sertraline (LCMS)	Venlafaxine (LCMS)	Zaleplon (LCMS)	Butabarbital (LCMS)
Zolpidem phenyl-4-carboxy (LCMS)			

#### 13 Urine Panel Screen

13 Urine Panel Screen			SCREEN ONLY
Amphetamine	Barbiturates	Cocaine	Creatinine
pH Detect	Cannabinoids	Cotinine	ETOH
Benzodiazepine	Buprenorphine	Methadone	Opiate
Oxycodone			

Medications: \_\_\_\_\_ Diagnoses Codes: \_\_\_\_\_

#### Insurance Information

Primary Insurance Name: \_\_\_\_\_ Secondary Insurance Name: \_\_\_\_\_  
Policy Holder First and Last Name: \_\_\_\_\_ Policy Holder First and Last Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Group # \_\_\_\_\_ Relationship: \_\_\_\_\_ Group # \_\_\_\_\_ Relationship: \_\_\_\_\_

**PATIENT:** Consent to Test: I authorize the lab to test and release results to the ordering provider. Health plan medical coverage: I authorize payments to be made to the lab for the laboratory services ordered by my provider. I authorize my provider and providers' medical staff, as well as my health plan providing medical benefits to release to the lab any information needed to determine coverage for laboratory services. I understand I am responsible for payment of any deductible and co-insurance charges. If my health plan providing medical benefits makes payment for laboratory service to me, I understand that I am responsible for making the payment to the laboratory for services rendered. Self Pay: I accept full financial responsibility for payment associated with the laboratory tests ordered by my provider.

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN:** The test(s) ordered herein are medically reasonable and necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome, ailment, or disorder. The results provided by HDx Labs will determine medical evaluation and course of treatment options specific to the respective patient. The person listed as the ordering provider is authorized by law to order the test(s) requested herein.