URINE TOXICOLOGY REQUISITION

HDx Labs
8465 Merchants Way Suite
Suite 206
Jacksonville, FL 32222
Phone: 904.588.2164
Fax:770.206.2366
Medical Director: Jennifer Loch, DO
CLIA # 10D2281222

CLINIC: _____
ADDRESS: _____
PHONE: _____
PHYSICIAN: _____
NPI: _____

HDx Labs

COLLECTOR: _____
COLLECTION DATE: ____/____/____
SPECIMEN TYPE: URINE
Observed: Fasting: Stat:

PATIENT INFORMATION

PATIENT: _____ DOB: ____/____/____
E-MAIL: _____ PHONE: _____
ADDRESS: _____ SEX: Male ☐ Female ☐

SCREEN AND CONFIRM ALL ☐

ORDER INFORMATION

SCREEN AND CONFIRM SELECTIONS ☐

LCMS PANEL

CONFIRM SELECTIONS ONLY ☐

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

13 Urine Panel - SCREEN ONLY ☐

Amphetamine | Barbiturates | Buprenorphine | Cocaine | ETOH | Oxycodone | Opiate
Benzodiazepine | Cannabinoids | Cotinine | Creatinine | Methadone | pH Detect

Medications:

Diagnoses Codes:

Insurance Information

Primary Insurance: _____
Policy Holder Full Name: _____
Policy Number: _____
Group #: _____
Relationship: _____

Secondary Insurance: _____
Policy Holder Full Name: _____
Policy Number: _____
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.

Physician 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 be used to determine medical evaluation and course of treatment options specific to the respective patient. The individual Physician listed as the ordering provider is authorized by law to order the test(s) requested herein.