

Ordering Physician: _____ Name of Practice: _____

Date: ____/____/____ Address: _____

ICD Code(s) _____

Ordering Physician Signature _____

Patient Information:

Last Name: _____ First Name: _____ MI: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

DOB: ____/____/____ Sex: M F Insurance: _____ Self-Pay

*INCLUDE COPY OF INSURANCE CARD

I CERTIFY THAT I HAVE PROVIDED MY SPECIMEN TO THE COLLECTOR, THAT I HAVE NOT ADULTERATED IT IN ANY MANNER, AND THAT THE INFORMATION PROVIDED ON THIS FORM AND ON THE LABEL AFFIXED TO EACH SPECIMEN IS CORRECT. I AUTHORIZE THE RELEASE OF THE RESULTS TO THE ORDERING CLINICIAN & STAFF. I AUTHORIZE CHATTAHOOCHEE LABS TO RELEASE ANY INFORMATION REQUIRED FOR BILLING PURPOSES. I AUTHORIZE PAYMENT DIRECTLY TO CPL. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR PAYMENTS SHOULD INSURANCE BE DENIED, PARTIALLY PAID OR CO-PAYMENTS REQUIRED.

Patient Signature: _____ Date: ____/____/____

BEHAVIORAL TOXICOLOGY TEST MENU

Date and Time of Collection: ____/____/____ _____:____ Collector Initials: _____ *ALL URINE SAMPLES MUST HAVE PATIENT'S NAME AND DATE OF BIRTH ON CUP

PRELIMINARY URINE DRUG SCREEN

Check here for urine drug screen (includes, amphetamine, barbiturates, cocaine, creatinine (tests for adulteration), methadone, opiate, oxycodone, buprenorphine, cannabinoid, benzodiazepine & pH)

Check here to add: ETOH Nicotine (Cotinine)

LCMS CONFIRMATORY TESTING

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Check here for all drug classes listed | <input type="checkbox"/> ANTIDEPRESSANTS, NOS | <input type="checkbox"/> ALKALOIDS | <input type="checkbox"/> 7-AMINOCLONAZEPAM | <input type="checkbox"/> STIMULANTS, SYNTHETIC |
| <input type="checkbox"/> Check here to add: Reflex testing for D & L Methamphetamine (Chiral Testing) | <input type="checkbox"/> VENLAFAXINE | <input type="checkbox"/> COTININE | <input type="checkbox"/> LORAZEPAM | <input type="checkbox"/> METHYLONE |
| <input type="checkbox"/> TRICYCLIC ANTIDEPRESSANTS | <input type="checkbox"/> BUPROPION | <input type="checkbox"/> KRATOM | <input type="checkbox"/> NORDIAZEPAM | <input type="checkbox"/> MEPHEDRONE |
| <input type="checkbox"/> AMITRIPTYLINE | <input type="checkbox"/> BUPRION METABOLITE | <input type="checkbox"/> AMPHETAMINES | <input type="checkbox"/> THC-COOH | <input type="checkbox"/> a-PVP |
| <input type="checkbox"/> NORTRIPTYLINE | <input type="checkbox"/> TRAZODONE | <input type="checkbox"/> AMPHETAMINE | <input type="checkbox"/> COCAINE | <input type="checkbox"/> MDPV |
| <input type="checkbox"/> IMIPRAMINE | <input type="checkbox"/> ANTIPSYCHOTICS | <input type="checkbox"/> METHAMPHETAMINE | <input type="checkbox"/> PHENCYCLIDINE (PCP) | <input type="checkbox"/> MDA |
| <input type="checkbox"/> DESIPRAMINE | <input type="checkbox"/> QUETIAPINE | <input type="checkbox"/> ALCOHOL(ETG/ETS) | <input type="checkbox"/> HEROIN | <input type="checkbox"/> MDA |
| <input type="checkbox"/> DOXEPIN | <input type="checkbox"/> NORQUETIAPINE | <input type="checkbox"/> BARBITURATES | <input type="checkbox"/> GABAPENTIN | <input type="checkbox"/> MDMA |
| <input type="checkbox"/> ANTIDEPRESSANTS, SEROTONERGIC | <input type="checkbox"/> OLANZAPINE | <input type="checkbox"/> BUTABARBITAL | <input type="checkbox"/> METHYLPHENIDATE | <input type="checkbox"/> MDEA |
| <input type="checkbox"/> DULOXETINE | <input type="checkbox"/> ARIPIRAZOLE | <input type="checkbox"/> BUTALBITAL | <input type="checkbox"/> RITALINIC ACID | <input type="checkbox"/> OPIOIDS |
| <input type="checkbox"/> CITALOPRAM | <input type="checkbox"/> HALOPERIDOL | <input type="checkbox"/> PHENOBARBITAL | <input type="checkbox"/> METHADONE | <input type="checkbox"/> NALTREXONE |
| <input type="checkbox"/> SERTRALINE | <input type="checkbox"/> RISPERIDONE | <input type="checkbox"/> SECOBARBITAL | <input type="checkbox"/> EDDP | <input type="checkbox"/> SEDATIVE HYPNOTICS |
| <input type="checkbox"/> PAROXETINE | | <input type="checkbox"/> BENZODIAZEPINES | <input type="checkbox"/> METHADONE | <input type="checkbox"/> ZOLPIDEM |
| <input type="checkbox"/> FLUOXETINE | | <input type="checkbox"/> ALPRAZOLAM | <input type="checkbox"/> METHADONE | <input type="checkbox"/> ZOLPIDEM METABOLITE |
| | | <input type="checkbox"/> a-OH ALPRAZOLAM | | |

NO PRESCRIBED MEDICATIONS

MEDICATION PRESCRIBED (ATTACH PATIENT'S MEDICATION LIST OR LIST BELOW)

Prescribed Medication(s): _____

URINARY TRACT INFECTION TESTING

- | | | |
|--|--|---|
| <input type="checkbox"/> UTI with ABX Resistance | <input type="checkbox"/> CITROBACTER FREUNDII | <input type="checkbox"/> PREVOTELLA BIVIA |
| <input type="checkbox"/> UTI ONLY | <input type="checkbox"/> CITROBACTER KOSERI | <input type="checkbox"/> PROTEUS MIRABILIS |
| ICD CODES: | <input type="checkbox"/> ENTEROBACTER CLOACAE | <input type="checkbox"/> PSEUDOMONAS AERUGINOSA |
| <input type="checkbox"/> ACINETOBACTER BAUMANNII | <input type="checkbox"/> ENTEROCOCCUS FAECALIS | <input type="checkbox"/> SERRATIA MARCESCENS |
| <input type="checkbox"/> BACTEROIDES FRAGILIS | <input type="checkbox"/> ENTEROCOCCUS FAECIUM | <input type="checkbox"/> STAPHYLOCOCCUS AUREUS |
| <input type="checkbox"/> CANDIDA ALBICANS | <input type="checkbox"/> ESCHERICHIA COLI | <input type="checkbox"/> COAGULASE-NEGATIVE |
| <input type="checkbox"/> CANDIDA DUBLINIENSIS | <input type="checkbox"/> KLEBSIELLA AEROGENES | <input type="checkbox"/> STAPHYLOCOCCUS (CONS) |
| <input type="checkbox"/> CANDIDA GLABRATA | <input type="checkbox"/> KLEBSIELLA OXYTOCA | <input type="checkbox"/> STREPTOCOCCUS AGALACTIAE |
| <input type="checkbox"/> CANDIDA KRUSEI | <input type="checkbox"/> KLEBSIELLA PNEUMONIAE | <input type="checkbox"/> STREPTOCOCCUS PYOGENES |
| <input type="checkbox"/> CANDIDA PARAPSILOSIS | <input type="checkbox"/> MORGANELLA MORGANII | <input type="checkbox"/> UREAPLASMA UREALYTICUM |
| <input type="checkbox"/> CANDIDA TROPICALIS | <input type="checkbox"/> MYCOPLASMA GENITALIUM | |
| | <input type="checkbox"/> MYCOPLASMA HOMINIS | |



See our Infectious Disease PCR panels here.

ABX Resistance Markers

- BLAKPC
- CTX-M-GROUP 1
- BLANDM
- DFRA
- DRFA5
- MECA
- QNRA
- QNRS
- SUL1
- SUL2
- VANA
- VANB