

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 HELIOSDX LABS TO RELEASE ANY INFORMATION REQUIRED FOR BILLING PURPOSES. I AUTHORIZE PAYMENT DIRECTLY TO HELIOSDX. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR PAYMENTS SHOULD INSURANCE BE DENIED, PARTIALLY PAID OR CO-PAYMENTS REQUIRED.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**URINE 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"/> BENZODIAZEPINES   | <input type="checkbox"/> KETAMINE        | <input type="checkbox"/> OPIOIDS             | <input type="checkbox"/> SKELETAL MUSCLE RELAXANTS |
| <input type="checkbox"/> Check here to add: Reflex testing for D & L Methamphetamine (Chiral Testing) | <input type="checkbox"/> ALPRAZOLAM        | <input type="checkbox"/> KETAMINE        | <input type="checkbox"/> DEXTROMETHORPHAN    | <input type="checkbox"/> CARISOPRODOL              |
| <input type="checkbox"/> ANTIDEPRESSANTS  | <input type="checkbox"/> a-OH ALPRAZOLAM   | <input type="checkbox"/> NORKETAMINE     | <input type="checkbox"/> DEXTROPHAN TARTRATE | <input type="checkbox"/> CYCLOBENZAPRINE           |
| <input type="checkbox"/> IMIPRAMINE   | <input type="checkbox"/> 7-AMINOCLONAZEPAM | <input type="checkbox"/> MDA             | <input type="checkbox"/> HYDROMORPHINE       | <input type="checkbox"/> MEPROBAMATE               |
| <input type="checkbox"/> DESIPRAMINE  | <input type="checkbox"/> LORAZEPAM         | <input type="checkbox"/> MDA             | <input type="checkbox"/> MEPERIDINE          | <input type="checkbox"/> TAPENTADOL                |
| <input type="checkbox"/> ALKALOIDS  | <input type="checkbox"/> NORDIAZEPAM       | <input type="checkbox"/> MDMA            | <input type="checkbox"/> MORPHINE            | <input type="checkbox"/> TAPENTADOL METABOLITE     |
| <input type="checkbox"/> KRATOM   | <input type="checkbox"/> OXAZEPAM          | <input type="checkbox"/> MDEA            | <input type="checkbox"/> OXYMORPHONE         | <input type="checkbox"/> THC-COOH                  |
| <input type="checkbox"/> AMPHETAMINES   | <input type="checkbox"/> TEMAZEPAM         | <input type="checkbox"/> METHADONE       | <input type="checkbox"/> NALOXONE            | <input type="checkbox"/> TRAMADOL                  |
| <input type="checkbox"/> AMPHETAMINE  | <input type="checkbox"/> BUPRENORPHINE     | <input type="checkbox"/> EDDP            | <input type="checkbox"/> OXYCODONE           | <input type="checkbox"/> TRAMADOL                  |
| <input type="checkbox"/> METHAMPHETAMINE  | <input type="checkbox"/> BUPRENORPHINE     | <input type="checkbox"/> METHADONE       | <input type="checkbox"/> OXYCODONE           | <input type="checkbox"/> TRAMADOL METABOLITE       |
| <input type="checkbox"/> PHENTERMINE  | <input type="checkbox"/> NORBUPRENORPHINE  | <input type="checkbox"/> METHYLPHENIDATE | <input type="checkbox"/> MOROXYCODONE        |  |
| <input type="checkbox"/> ALCOHOL (ETG/ETS)  | <input type="checkbox"/> COCAINE           | <input type="checkbox"/> METHYLPHENIDATE | <input type="checkbox"/> PHENCYCLIDINE (PCP) |  |
| <input type="checkbox"/> BARBITURATES   | <input type="checkbox"/> FENTANYLS         | <input type="checkbox"/> RITALINIC ACID  | <input type="checkbox"/> PREGABALIN          |  |
| <input type="checkbox"/> BUTABARBITAL   | <input type="checkbox"/> FENTANYL          | <input type="checkbox"/> OPIATES         | <input type="checkbox"/> PROPOXYPHENE        |  |
| <input type="checkbox"/> BUTALBITAL   | <input type="checkbox"/> NORFENTANYL       | <input type="checkbox"/> CODEINE         | <input type="checkbox"/> SEDATIVE HYPNOTICS  |  |
| <input type="checkbox"/> PHENOBARBITAL  | <input type="checkbox"/> GABAPENTIN        | <input type="checkbox"/> HYDROCODONE     | <input type="checkbox"/> ZOLPIDEM            |  |
| <input type="checkbox"/> SECOBARBITAL   | <input type="checkbox"/> HEROIN            | <input type="checkbox"/> NORHYDROCODONE  | <input type="checkbox"/> ZOLPIDEM METABOLITE |  |

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        |
| <b>ICD CODES:</b>                                | <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