

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NO PRESCRIBED MEDICATIONS**       **MEDICATION PRESCRIBED** (ATTACH PATIENT'S MEDICATION LIST OR LIST BELOW)

Prescribed Medication(s): \_\_\_\_\_

### 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<br><input type="checkbox"/> Check here to add: Reflex testing for D & L Methamphetamine (Chiral Testing) | <input type="checkbox"/> ANTIDEPRESSANTS, NOS<br><input type="checkbox"/> VENLAFAXINE<br><input type="checkbox"/> BUPROPION<br><input type="checkbox"/> BUPRION METABOLITE<br><input type="checkbox"/> TRAZODONE<br><input type="checkbox"/> ANTIPSYCHOTICS<br><input type="checkbox"/> QUETIAPINE<br><input type="checkbox"/> NORQUETIAPINE<br><input type="checkbox"/> OLANZAPINE<br><input type="checkbox"/> ARIPIPRAZOLE<br><input type="checkbox"/> HALOPERIDOL<br><input type="checkbox"/> RISPERIDONE<br><input type="checkbox"/> RISPERIDONE METABOLITE<br><input type="checkbox"/> ALKALOIDS<br><input type="checkbox"/> COTININE<br><input type="checkbox"/> KRATOM | <input type="checkbox"/> AMPHETAMINES<br><input type="checkbox"/> AMPHETAMINE<br><input type="checkbox"/> METHAMPHETAMINE<br><input type="checkbox"/> ALCOHOL(ETG/ETS)<br><input type="checkbox"/> BARBITURATES<br><input type="checkbox"/> BUTABARBITAL<br><input type="checkbox"/> BUTALBITAL<br><input type="checkbox"/> PHENOBARBITAL<br><input type="checkbox"/> SECOBARBITAL<br><input type="checkbox"/> BENZODIAZEPINES<br><input type="checkbox"/> ALPRAZOLAM<br><input type="checkbox"/> a-OH ALPRAZOLAM<br><input type="checkbox"/> 7-AMINOCLONAZEPAM<br><input type="checkbox"/> LORAZEPAM<br><input type="checkbox"/> NORDIAZEPAM<br><input type="checkbox"/> THC-COOH<br><input type="checkbox"/> COCAINE | <input type="checkbox"/> PHENCYCLIDINE (PCP)<br><input type="checkbox"/> HEROIN<br><input type="checkbox"/> GABAPENTIN<br><input type="checkbox"/> METHYLPHENIDATE<br><input type="checkbox"/> METHYLPHENIDATE<br><input type="checkbox"/> RITALINIC ACID<br><input type="checkbox"/> METHADONE<br><input type="checkbox"/> EDDP<br><input type="checkbox"/> METHADONE<br><input type="checkbox"/> ANTIEPILEPTIC<br><input type="checkbox"/> CARBAMAZEPINE<br><input type="checkbox"/> CARBAMAZEPINE METABOLITE<br><input type="checkbox"/> SKELETAL MUSCLE RELAXANTS<br><input type="checkbox"/> TIZANIDINE<br><input type="checkbox"/> METHOCARBAMOL | <input type="checkbox"/> STIMULANTS, SYNTHETIC<br><input type="checkbox"/> METHYLONE<br><input type="checkbox"/> MEPHEDRONE<br><input type="checkbox"/> a-PVP<br><input type="checkbox"/> MDPV<br><input type="checkbox"/> MDA<br><input type="checkbox"/> MDA<br><input type="checkbox"/> MDMA<br><input type="checkbox"/> MDEA<br><input type="checkbox"/> OPIOIDS<br><input type="checkbox"/> NALTREXONE<br><input type="checkbox"/> NALTREXOL<br><input type="checkbox"/> NALBUPHINE<br><input type="checkbox"/> SEDATIVE HYPNOTICS<br><input type="checkbox"/> ZOLPIDEM<br><input type="checkbox"/> ZOLPIDEM METABOLITE |
|--|---|--|--|--|

### URINARY TRACT INFECTION TESTING

UTI Screen with Reflex to PCR UTI (Additional PCR UTI specimen required in clear boric acid tube)       Check to include ABX Resistance Markers with Reflex

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

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

See other PCR panels offered here:



### AutoUA®

AutoUA®       UTI Screen

- |   |  |
|---|--|
| <input type="checkbox"/> GLUCOSE<br><input type="checkbox"/> BILIRUBIN<br><input type="checkbox"/> KETONE<br><input type="checkbox"/> SPECIFIC GRAVITY<br><input type="checkbox"/> HEMOGLOBIN<br><input type="checkbox"/> PH<br><input type="checkbox"/> UROBILINOGEN<br><input type="checkbox"/> NITRITE<br><input type="checkbox"/> LEUKOCYTE ESTERASE<br><input type="checkbox"/> SODIUM<br><input type="checkbox"/> ALBUMIN<br><input type="checkbox"/> CREATININE<br><input type="checkbox"/> PROTEIN<br><input type="checkbox"/> BETA-HYDROXYBUTYRIC ACID | <input type="checkbox"/> NITRITE<br><input type="checkbox"/> LEUKOCYTE ESTERASE<br><input type="checkbox"/> CREATININE |
|---|--|

\*AUTOUA SPECIMEN MUST BE IN AMBER TUBE