

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

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

Prescribed Medication(s): _____

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

URINE TOXICOLOGY TEST MENU

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"/> HYDROMORPHONE | <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 |
| <input type="checkbox"/> KRATOM | <input type="checkbox"/> OXAZEPAM | <input type="checkbox"/> MDEA | <input type="checkbox"/> OXYMORPHONE | <input type="checkbox"/> TAPENTADOL METABOLITE |
| <input type="checkbox"/> AMPHETAMINES | <input type="checkbox"/> TEMAZEPAM | <input type="checkbox"/> METHADONE | <input type="checkbox"/> NALOXONE | <input type="checkbox"/> THC-COOH |
| <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"/> NOROXYCODONE | |
| <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 | |

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 | <input type="checkbox"/> ESCHERICHIA COLI | <input type="checkbox"/> ABX Resistance Markers |
| <input type="checkbox"/> PCR UTI ONLY | <input type="checkbox"/> KLEBSIELLA AEROGENES | <input type="checkbox"/> BLAKPC |
| ICD CODES: | <input type="checkbox"/> KLEBSIELLA OXYTOCA | <input type="checkbox"/> CTX-M-GROUP 1 |
| <input type="checkbox"/> ACINETOBACTER BAUMANNII | <input type="checkbox"/> KLEBSIELLA PNEUMONIAE | <input type="checkbox"/> BLANDM |
| <input type="checkbox"/> BACTEROIDES FRAGILIS | <input type="checkbox"/> MORGANELLA MORGANII | <input type="checkbox"/> DFRA5 |
| <input type="checkbox"/> CANDIDA ALBICANS | <input type="checkbox"/> MYCOPLASMA GENITALIUM | <input type="checkbox"/> DRFA5 |
| <input type="checkbox"/> CANDIDA DUBLINIENSIS | <input type="checkbox"/> MYCOPLASMA HOMINIS | <input type="checkbox"/> MECA |
| <input type="checkbox"/> CANDIDA GLABRATA | <input type="checkbox"/> PREVOTELLA BIVIA | <input type="checkbox"/> QNRA |
| <input type="checkbox"/> CANDIDA KRUSEI | <input type="checkbox"/> PROTEUS MIRABILIS | <input type="checkbox"/> QNRS |
| <input type="checkbox"/> CANDIDA PARAPSILOSIS | <input type="checkbox"/> PSEUDOMONAS AERUGINOSA | <input type="checkbox"/> SUL1 |
| <input type="checkbox"/> CANDIDA TROPICALIS | <input type="checkbox"/> SERRATIA MARCESCENS | <input type="checkbox"/> SUL2 |
| <input type="checkbox"/> CITROBACTER FREUNDII | <input type="checkbox"/> STAPHYLOCOCCUS AUREUS | <input type="checkbox"/> VANA |
| <input type="checkbox"/> CITROBACTER KOSERI | <input type="checkbox"/> COAGULASE - NEGATIVE STAPHYLOCOCCUS (CONS) | <input type="checkbox"/> VANB |
| <input type="checkbox"/> ENTEROBACTER CLOACAE | <input type="checkbox"/> STREPTOCOCCUS AGALACTIAE | |
| <input type="checkbox"/> ENTEROCOCCUS FAECALIS | <input type="checkbox"/> STREPTOCOCCUS PYOGENES | |
| <input type="checkbox"/> ENTEROCOCCUS FAECIUM | <input type="checkbox"/> UREAPLASMA UREALYTICUM | |



See other PCR panels offered here:

AutoUA®

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

*AUTOUA SPECIMEN MUST BE IN AMBER TUBE