

Ordering Physician: \_\_\_\_\_ Name of Practice: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_  
 ICD Code(s): \_\_\_\_\_ Ordering Physician Signature: \_\_\_\_\_

**Patient Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 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 CHATTAHOOCHEE LABS TO RELEASE ANY INFORMATION REQUIRED FOR BILLING PURPOSES. I AUTHORIZE PAYMENT DIRECTLY TO CPLS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR PAYMENTS SHOULD INSURANCE BE DENIED, PARTIALLY PAID OR CO-PAYMENTS REQUIRED.

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

- Male
- Female
- Race:
- Asian
- Black
- Caucasian
- Hispanic
- Native American
- Other
- N/A
- Ethnicity:
- Hispanic
- Non-Hispanic
- N/A

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

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