

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

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"/> Check here to add: Reflex testing for D & L Methamphetamine (Chiral Testing) <input type="checkbox"/> ANTIDEPRESSANTS <input type="checkbox"/> IMIPRAMINE <input type="checkbox"/> DESIPRAMINE <input type="checkbox"/> ALKALOIDS <input type="checkbox"/> KRATOM <input type="checkbox"/> AMPHETAMINES <input type="checkbox"/> AMPHETAMINE <input type="checkbox"/> METHAMPHETAMINE <input type="checkbox"/> PHENTERMINE <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"/> OXAZEPAM <input type="checkbox"/> TEMAZEPAM <input type="checkbox"/> BUPRENORPHINE <input type="checkbox"/> BUPRENORPHINE <input type="checkbox"/> NORBUPRENORPHINE <input type="checkbox"/> COCAINE <input type="checkbox"/> FENTANYLS <input type="checkbox"/> FENTANYL <input type="checkbox"/> NORFENTANYL <input type="checkbox"/> GABAPENTIN <input type="checkbox"/> HEROIN	<input type="checkbox"/> KETAMINE <input type="checkbox"/> KETAMINE <input type="checkbox"/> NORKETAMINE <input type="checkbox"/> MDA <input type="checkbox"/> MDA <input type="checkbox"/> MDMA <input type="checkbox"/> MDEA <input type="checkbox"/> METHADONE <input type="checkbox"/> EDDP <input type="checkbox"/> METHADONE <input type="checkbox"/> METHYLPHENIDATE <input type="checkbox"/> METHYLPHENIDATE <input type="checkbox"/> RITALINIC ACID <input type="checkbox"/> OPIATES <input type="checkbox"/> CODEINE <input type="checkbox"/> HYDROCODONE <input type="checkbox"/> NORHYDROCODONE	<input type="checkbox"/> OPIOIDS <input type="checkbox"/> DEXTROMETHORPHAN <input type="checkbox"/> DEXTROPHAN TARTRATE <input type="checkbox"/> HYDROMORPHONE <input type="checkbox"/> MEPERIDINE <input type="checkbox"/> MORPHINE <input type="checkbox"/> OXYMORPHONE <input type="checkbox"/> NALOXONE <input type="checkbox"/> OXYCODONE <input type="checkbox"/> OXYCODONE <input type="checkbox"/> NOROXYCODONE <input type="checkbox"/> PHENCYCLIDINE (PCP) <input type="checkbox"/> PREGABALIN <input type="checkbox"/> PROPOXYPHENE <input type="checkbox"/> SEDATIVE HYPNOTICS <input type="checkbox"/> ZOLPIDEM <input type="checkbox"/> ZOLPIDEM METABOLITE	<input type="checkbox"/> SKELETAL MUSCLE RELAXANTS <input type="checkbox"/> CARISOPRODOL <input type="checkbox"/> CYCLOBENZAPRINE <input type="checkbox"/> MEPROBAMATE <input type="checkbox"/> TAPENTADOL <input type="checkbox"/> TAPENTADOL <input type="checkbox"/> TAPENTADOL METABOLITE <input type="checkbox"/> THC-COOH <input type="checkbox"/> TRAMADOL <input type="checkbox"/> TRAMADOL <input type="checkbox"/> TRAMADOL METABOLITE
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URINARY TRACT INFECTION TESTING

<input type="checkbox"/> UTI with ABX Resistance <input type="checkbox"/> UTI ONLY ICD CODES: <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 PARAPSILOSIS <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
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See our Infectious Disease PCR panels here.

ABX Resistance Markers <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
