

TOXICOLOGY REQUISITION



CLIA: 37D2047994 Phone: (918) 528-6631
 6312 E 101st St. Tulsa, OK 74137
 Director: Kieth Thomas, PhD, TCCNRCC

1. ATTACH A COPY OF PATIENT DEMOGRAPHICS & INSURANCE INFORMATION

- Medicare
 Medicaid
 Self-Pay
 Commercial
 Work Comp DOI ____/____/____

2. PATIENT INFORMATION

Last _____ First _____ Sex _____
 DOB ____/____/____ SSN: _____

4. CLINICAL DRUG MONITORING TEST REQUEST (MUST SELECT ONE)

- COMPLETE DRUG CONFIRMATION PANEL (All drug classes below)
 COMPLETE DRUG CONFIRMATION PANEL WITHOUT THC-COOH

For custom drug conformation selection check each drug class(es) or individual drug(s) below.

Prescribed Medication

- Confirmation Test Order
- Benzodiazepines/Sedatives**
 - Clonazepam
 - 7-amino-Clonazepam
 - Alprazolam
 - a-Hydroxy-Alprazolam
 - Lorazepam
 - Flurazepam
 - Temazepam
 - Oxazepam
 - Diazepam
 - Nordiazepam
 - Antidepressants/Tricyclics**
 - Doxepin
 - Amirtriptiline
 - Nortriptyline
 - Imipramine
 - Trazadone
 - Others**
 - Benzoylcegonine
 - PCP
 - Propoxyphene
 - Sedatives/Muscle Relaxant**
 - Carboxy zolpidem
 - Carisoprodol
 - Meprobamate
 - Cyclobenzaprine
 - Ketamine
 - Norketamine

- Prescribed Medication
- Confirmation Test Order
- Opiates**
 - Methadone
 - EDDP
 - Buprenorphine
 - Norbuprenorphine
 - Naloxone
 - Tramadol
 - O-desmethyltramadol
 - Codeine
 - Morphine
 - Hydrocodone
 - Hydromorphone
 - Norhydrocodone
 - Meperidine
 - Normeperidine
 - Oxycodone
 - Oxymorphone
 - Noroxycodone
 - Fentanyl
 - Norfentanyl
 - Naltrexone
 - 6-MAM
 - Tapentadol
 - Barbiturates**
 - Phenobarbital
 - Butalbital

- Prescribed Medication
- Confirmation Test Order
- Amphetamines**
 - Methamphetamine
 - Amphetamine
 - MDMA
 - Phentermine
 - Methylphenidate
 - Ritalinic Acid
 - Anti-seizure/Neurological**
 - Pregabalin
 - Gabapentin
 - Cannabinoids**
 - THC-COOH
 - Presumptive Screen**

3. COLLECTION INFORMATION

Date _____ Time _____
 Collectors Name _____

5. POINT OF CARE RESULTS

	POS	NEG
Benzodiazepines (BZO)	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates (BAR)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (COC)	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (THC)	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (MET)	<input type="checkbox"/>	<input type="checkbox"/>
Opiates (MOP or OPI)	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (MTD)	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone (OXY)	<input type="checkbox"/>	<input type="checkbox"/>
Methylenedioxy methamphetamine (MDMA)	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (AMP)	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene (PPX)	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine (BUP)	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine (PCP)	<input type="checkbox"/>	<input type="checkbox"/>

Qualitative test results and patient clinical history will determine the medical necessity for quantitative test orders.

6. MEDICATION INFORMATION

- Medication List Attached
 Patient Reports "No Medication"

7. ORDERING PHYSICIAN: PRINTED

X: _____
 Documentation to support medical necessity for all tests ordered should be recorded in the patient's chart. Physician signature and test orders are required to be documented in patient's medical charts and available upon request.

8. PHYSICIAN SIGNATURE

X: _____

DATE RECEIVED STAMP

DIAGNOSTIC CODES

To be filled out by Cedar Creek Laboratories, LLC.

*Notice to ordering practitioner: Practitioners must order only those tests that are medically necessary for the patient given his or her clinical condition. Practitioners must submit the diagnosis information for all tests ordered and medical necessity should be documented in the patient's medical record subject to sanctions or remedies under civil, criminal or administrative law.

NOTE: Medicare generally does not cover routine screening tests.