



AC 1153302

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Date

Patient Initials

SPECIMEN INFORMATION

DATE COLLECTED _____ TIME COLLECTED _____
Temperature read within 4 minutes and is
in range of 32.0 - 37.3 °C (90-100°F)
 YES NO If NO: Actual Temp: _____

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Ordering Physician _____

Facility: _____

1 PATIENT INFORMATION REQUIRED - PLEASE COMPLETE ALL YELLOW HIGHLIGHTED SECTIONS

Last Name _____
First Name, Middle Initial _____
Home Address _____
City, State, Zip _____
Gender _____
M F Social Security Number / Date of Birth / Phone Number

PRIMARY PAYER GROUP

Medicaid
 Medicare
 Workers' Compensation
 Tricare
 Commercial
 Private Pay
 Other _____

DIAGNOSIS CODES (ICD-10) (5)

Z79.891 - long term (current use of opiate medication) (v58.69)
 Z51.81 - therapeutic drug monitoring (v58.83)
 G89.4 - chronic pain syndrome (338.4)
 M54.5 - lumbago (724.2)
 F55.8 - abuse of other non-psychoactive substances
 F41.9 - anxiety disorder (300.00)
 F19.20 - unspecified drug dependence (304.90)
 Z91.19 - patient's noncompliance with other medical treatment and regimen
 Other _____

2 PATIENT AUTHORIZATION

I certify that I have voluntarily provided a fresh unadulterated urine specimen for analytical testing. The information provided on this form and on the label affixed to the specimen bottle is accurate. I authorize Simple Laboratories to release the results of this testing to the treating physician or facility. I hereby authorize my insurance benefits to be paid directly to Simple Laboratories for services I received. I am also aware that in some circumstances my insurer will send the payment directly to me. I agree to endorse the insurance check and forward it to Simple Laboratories within 30 days of the receipt. Failure to do so may result in my account being forwarded to Collections and reported to a Credit Bureau. I understand that Simple Laboratories may use the specimen and any testing performed on that specimen, for research, development, and potential publication purposes, so long as the information has been properly de-identified pursuant to the law.

PLEASE SIGN _____

3 CURRENT MEDICATION

ADDERALL DEMEROL FLEXERIL LORTAB NORTRIPTYLINE RITALIN TRAMADOL
 ALPRAZOLAM DIAZEPAM FLUOXETINE LYRICA NUCYNTA ROXICET VALIUM
 AMBIEN DILAUDID GABAPENTIN MEPERIDINE OXECTA/OPANA ROXICODONE VENLAFAXINE
 AMITRIPTYLINE DURAGESIC HYDROCODONE METHADONE OXYCODONE SERAX VICODIN
 BUPRENORPHINE ELAVIL HYDROCODONE/APAP METHYLPHENIDATE OXYCONTIN SOMA VICOPROFEN
 BUPROPRION FENTANYL HYDROMORPHONE MORPHINE PAREXETINE SUBOXONE XANAX
 BUTRANS FENTORA KETAMINE MSIR PERCOCET SUBUTEX ZOLPIDEM
 CLONAZEPAM FIORICET KLONOPIN NALTREXONE PREGABALIN TAPENTADOL OTHER _____
 CYCLOBENZAPRINE FIORINAL LORAZEPAM NEURONTIN RESTORIL TEMAZEPAM OTHER _____

4 ORDER TESTS - SECTIONS A, B, AND C MUST BE COMPLETED TO INITIATE TESTING

A. Record Presumptive Results and Order Tests. If this section is complete, Section B doesn't need to be completed unless deemed necessary by authorized provider.

Presumptive Testing was performed. Please note: If selected additional testing by EIA will not be performed

Drug Family	Pos(+)	Neg(-)	Confirm Results (1)
1. Opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Oxycodone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Presumptive Testing not performed:
Refer to back panel details

12 panel w/reflex⁷
 12 panel
 11 panel w/reflex⁷
 11 panel
 9 panel w/reflex⁷
 9 panel
 Other _____

Patient Risk Assessment:
Optional (for informational purposes only)

Aberrant
 High Risk
 Moderate Risk
 Low Risk
 New Patient
 Other _____

B. Order Tests - Please only utilize if medically necessary and section A is not appropriate for individual patients

Medication or Drug	Definitive LC-MS/MS Test ¹	Immuno-assay Test ²	Confirm + results ^{1,3}	Confirm - results ^{1,4}	Medication or Drug	Definitive LC-MS/MS Test ¹	Immuno-assay Test ²	Confirm + results ^{1,3}	Confirm - results ^{1,4}	Medication or Drug	Definitive LC-MS/MS Test ¹	Immuno-assay Test ²	Confirm + results ^{1,3}	Confirm - results ^{1,4}
ADHD** - Methylphenidate * - Ritalinic acid *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzodiazepines** - Alprazolam - α-Hydroxyalprazolam - Clonazepam - 7-Aminoclonazepam - Diazepam - Nordiazepam - Flunitrazepam - Flurazepam - α-Hydroxyethylflurazepam - Desalkylflurazepam - Lorazepam * - Oxazepam - Temazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypnotic** - Zolpidem * - Zolpidem Metabolite * - Eszopiclone/ Zopiclone *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Metabolites** - ETG * - ETS *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MDMA and Metabolites** - MDA - MDEA - MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meperidine & Metabolite** - Meperidine * - Normeperidine *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine/Meth** - Amphetamine - Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methadone & Metabolite** - Methadone - EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methadone & Metabolite** - Methadone - EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antagonists-Addiction** - Naltrexone *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buprenorphine** - Buprenorphine - Norbuprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Relaxant** - Carisoprodol * - Meprobamate * - Cyclobenzaprine * - N-Desmethylyclobenz *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticonvulsant** - Gabapentin * - Pregabalin *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cannabinoids** - THCA Cocaine and Metabolite** - Cocaine - Benzoylcegonine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicotine & Metabolite** - Nicotine * - Cotinine *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressant** - Bupropion *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fentanyl & Metabolite** - Fentanyl * - Norfentanyl *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opiates & Opioids** - 6-Acetylmorphine - Codeine - Dihydrocodeine - Hydrocodone - Hydromorphone - Morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates** - Amobarbital - Butalbital - Phenobarbital - Pentobarbital - Secobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						Oxycodone & Metabolite** - Oxycodone - Oxymorphone Phencyclidine - Phencyclidine Tapentadol** - Tapentadol * Tramadol & Metabolite** - Tramadol * - O-Desmethylytramadol *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										Tricyclic Antidepressants** - Amitriptyline * - Clomipramine * - Desipramine * - Doxepin * - Imipramine * - Nortriptyline * - Protriptyline * - Trimipramine * - Trazodone *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. AUTHORIZED PROVIDER SIGNATURE⁶: _____

Date: _____

¹ LCMS ONLY
² By marking a definitive/confirmation test at the drug family level, all analytes will be tested