



525 Round Rock W Dr Bldg B Ste 200, Round Rock TX 78681  
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 CLIA ID 45D2082145  
 NPI # 1710394978

URINE LABORATORY REQUISITION



C44001

ALL SHADED SECTIONS MUST BE COMPLETED

STEP 1: PATIENT INFORMATION

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address, City, State, Zip: \_\_\_\_\_  
 Sex:  M  F  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

STEP 2: BILLING INFORMATION

Commercial  Gov  Self Pay  Auto  W/C  
 \*MUST INCLUDE COPY OF INSURANCE CARD AND DRIVERS LICENSE\*  
 Bill to: \_\_\_\_\_  
 Address, City, State, Zip: \_\_\_\_\_  
 Date of Injury/Accident: \_\_\_\_\_  
 Group Number: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

STEP 3: PHYSICIAN INFORMATION

Diagnostic Code(s): \_\_\_\_\_

Collection Time: \_\_\_\_:\_\_\_\_:\_\_\_\_ AM PM Collected By: \_\_\_\_\_

STEP 4: Mark Test Requests

Available for Qualitative Screening and LC/MS Confirmation

Perform Screen and Confirm Positive and/or Confirm  
 Select Individual Classes for Confirmation Testing (medically necessary with appropriate DX codes)

Alcohol and Metabolites (SETOH)	<input type="checkbox"/>
Acetaminophen (EIA only) (SACET)	<input type="checkbox"/>
Amphetamines (CMETH)	<input type="checkbox"/>
Barbiturates (CBARB)	<input type="checkbox"/>
Benzodiazepines (CBENZO)	<input type="checkbox"/>
Buprenorphine (CBUP)	<input type="checkbox"/>
Cocaine Metabolite (CCOC)	<input type="checkbox"/>
Tricyclic Antidepressants (CTCA)	<input type="checkbox"/>
MDA/MDMA (CXTC)	<input type="checkbox"/>
Marijuana Metabolite (CTHC)	<input type="checkbox"/>
Methadone (CMTD)	<input type="checkbox"/>
Opiates and Heroin (COPI)	<input type="checkbox"/>
Oxycodone (COXYC)	<input type="checkbox"/>
Phencyclidine (PCP) (CPCP)	<input type="checkbox"/>
Propoxyphene (CPPX)	<input type="checkbox"/>

LC/MS Confirmation Only (No Screen Available) Confirm

Cathinones (Bath Salts) (CBATH)	<input type="checkbox"/>
Dextromethorphan (CDEXTRO)	<input type="checkbox"/>
Fentanyl (CFENT)	<input type="checkbox"/>
Gabapentin (CGAB)	<input type="checkbox"/>
Kava (CKAVA)	<input type="checkbox"/>
Ketamine (CKET)	<input type="checkbox"/>
Kratom (CKRAT)	<input type="checkbox"/>
Meperidine (CMEP)	<input type="checkbox"/>
Methylphenidate (CMPH)	<input type="checkbox"/>
Muscle Relaxants (CREL)	<input type="checkbox"/>
Naloxone (CNAL)	<input type="checkbox"/>
Naltrexone (CNALT)	<input type="checkbox"/>
Nicotine (CNIC)	<input type="checkbox"/>
Pregabalin (CPGAB)	<input type="checkbox"/>
Sedatives (CSED)	<input type="checkbox"/>
Synthetic Cannabinoids (CK2)	<input type="checkbox"/>
Tapentadol (CTAP)	<input type="checkbox"/>
Tramadol (CTRAM)	<input type="checkbox"/>

STEP 5: Mark Prescribed Medications

Confirm all marked medications  Patient Reports "No Medications"  See Attached Med List

**Opiates/Opioids/Opioid Antagonists**

Buprenorphine (Butrans, Suboxone, Subutex)  
 Naloxone (Suboxone, Narcan)  
 Naltrexone (Revia, Vivitrol)  
 Codeine (Tylenol #3, Tylenol #4)  
 Fentanyl (Actiq, Duragesic, Fentora, Lazanda)  
 Hydrocodone (Lorcet, Lortab, Norco, Vicodin, Vicoprofen)  
 Hydromorphone (Dilaudid, Exalgo)  
 Meperidine (Demerol)  
 Methadone (Dolophine, Methadose)  
 Morphine (Avinza, Embeda, Kadian, MS Contin, MSIR)  
 Oxycodone (Oxy IR, OxyContin, Percocet, Percodan, Roxicodone, Tylox)  
 Oxymorphone (Opana ER, Opana IR)  
 Tapentadol (Nucynta)  
 Tramadol (Ryzolt, Ultram)

**Benzodiazepines**

Alprazolam (Xanax)  
 Clonazepam (Klonopin)  
 Diazepam (Valium)  
 Lorazepam (Ativan)  
 Oxazepam (Serax)  
 Temazepam (Restoril)

**Stimulants**

Amphetamine (Adderall)  
 Methylphenidate (Concerta, Ritalin)  
 Phentermine (Adipex P)

**Neuropathics**

Gabapentin (Neurontin)  
 Pregabalin (Lyrica)

**Barbiturates**

Butalbital (Esgic, Fioricet)  
 Phenobarbital (Luminal)  
 Secobarbital (Seconal)

**Sedatives**

Zolpidem (Ambien)  
 Zaleplon (Sonata)

**Tricyclic Antidepressants**

Amitriptyline (Elavil)  
 Clomipramine (Anafranil)  
 Nortriptyline (Pamelor, Aventyl)  
 Desipramine (Norpramine, Pertofrane)  
 Imipramine (Tofranil)  
 Doxepin (Deptran, Sinequan, Prudoxin)

**Muscle Relaxants**

Carisoprodol (Soma)  
 Cyclobenzaprine (Flexeril)  
 Meprobamate (Equanil, Miltown)

**Others**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

STEP 6: Special Requests

STEP 7: POCT (for clinic use only)

	POS	NEG	POS	NEG
THC				
COC				
OPI/MOP				
AMP				
mAMP				
pcp				
MDA				
BAR				
BZO				
MTD				
TCA				
OXY				
PPX				
BUP				

I understand my treating physician has requested that the testing described below be performed on my specimen. I authorize the collection of this specimen for the purpose of analytical testing by Central Tox LLC., and release of the results to my treating physician and staff. I authorize Central Tox, LLC., and/or its designees to obtain insurance and billing information and medical records and release of such information as necessary to determine and collect benefits. I authorize payment directly to Central Tox, LLC. I understand I am financially responsible for payments should insurance be denied partially paid or co-payments required.

\* Patient Signature \* X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physicians Notice  
 Medical Necessity: You should only order laboratory tests that are reasonable and medically necessary for the diagnosis and treatment of your patient. Upon request, you must be able to produce documentation to support the medical necessity of the laboratory tests you have requested Central Tox to perform. By ordering tests on this requisition, the ordering provider attests that the orders are medically necessary for the patient.

Advance Beneficiary Notice (ABN): When you order a laboratory test for a patient that is a Medicare beneficiary and you have a reasonable belief that Medicare will not pay for the laboratory test, you must obtain an ABN signed by the patient and submit the ABN with this requisition.

\* Authorizing Signature \* X \_\_\_\_\_