



Practice Name: _____
 Address: _____
 Physician: _____

1 PATIENT INFORMATION

Last Name: _____ First Name: _____
 Date of Birth: ____ / ____ / ____ Gender: Male Female
 Insurance: _____ Self-Pay

2 ICD 10 CODE(S)

Z79.891 _____
 Z79.899 _____
 Z91.19 _____
 F11.20 _____

3 ATTACH A COPY OF PATIENT DEMOGRAPHICS & INSURANCE INFORMATION

4 CONSENT FOR TESTING

I certify that I have provided an unadulterated urine sample for validity and confirmatory testing. The information I have provided on this form is accurate. I authorize Assurance Scientific Laboratories (ASL) to release the results of this test to my treating physician or facility. I hereby authorize my insurance or other payment to ASL for services I receive. I am aware that ASL may be an out-of-network provider with my insurer. I am aware that I am responsible for all co-pays and deductibles not covered by insurance or other payer. I understand my sample may be tested directly by ASL or sent to an outside reference laboratory depending on insurance coverage or sample volume.

Patient Signature: _____ Date: _____

5 SPEC. COLLECTION INFORMATION

Date: _____
 Time: _____

SPECIMEN INFORMATION
 Temperature read within 4 minutes and is in range of 90-100 °F
 YES NO If NO: Actual Temp: _____

6 MEDICAL NECESSITY

Definitive UDT is reasonable and necessary for the following circumstances:

- Identify a specific substance that is inadequately detected or not available for detection by presumptive UDT methods.
- Establish a baseline or confirm a presumptive screen for a new patient to be prescribed controlled substances.
- Definitively identify specific drugs in a large family of drugs.
- Identify a negative, or confirm a positive, presumptive UDT result that is inconsistent with a patient's self-report, presentation, medical history, or current prescribed pain medication plan.
- Rule out an error as the cause of an unexpected presumptive UDT result; Identify non-prescribed medication or illicit use for ongoing safe prescribing of controlled substances.

Collector's Name: _____

8 IMMUNOASSAY SCREENING

- Specimen Validity Testing (oxidants, pH, specific gravity, & creatinine) Full specimen screen (EIA) Ethanol

9 TEST REQUEST (MUST SELECT ONE)

- Perform confirmation for all checked metabolites Confirm Positive Screens Confirm Prescribed Medications
 Comprehensive testing (includes all tests)

Confirmation Prescribed Test Order Medication		Confirmation Prescribed Test Order Medication		Confirmation Prescribed Test Order Medication	
Opiates		CNS Stimulants		Barbiturates	
Codeine	<input type="checkbox"/>	Amphetamine	<input type="checkbox"/>	Phenobarbital	<input type="checkbox"/>
Hydrocodone	<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>	Secobarbital	<input type="checkbox"/>
(and metabolites)		Phentermine	<input type="checkbox"/>		
Hydromorphone	<input type="checkbox"/>	Methylphenidate/ Ritalinic Acid	<input type="checkbox"/>	Anti-psychotics	
Morphine	<input type="checkbox"/>	Pseudoephedrine	<input type="checkbox"/>	Aripiprazole	<input type="checkbox"/>
Oxycodone/ Oxymorphone	<input type="checkbox"/>	Phenylpropanolamine	<input type="checkbox"/>	Olanzapine	<input type="checkbox"/>
Oxymorphone	<input type="checkbox"/>			Quetiapine	<input type="checkbox"/>
6-Acetylmorphine (heroin metabolite)	<input type="checkbox"/>	Benzodiazepines			
		7-Aminoclonazepam	<input type="checkbox"/>	SSRI / SNRI	
Opioid / Analgesics		Alpha-hydroxyalprazolam	<input type="checkbox"/>	Duloxetine	<input type="checkbox"/>
Buprenorphine/ Nobuprenorphine	<input type="checkbox"/>	Lorazepam	<input type="checkbox"/>	Sertraline	<input type="checkbox"/>
Fentanyl/Norfentanyl	<input type="checkbox"/>	Oxazepam	<input type="checkbox"/>		
Meperidine/ Normeperidine	<input type="checkbox"/>	Temazepam	<input type="checkbox"/>	Miscellaneous	
Propoxyphene	<input type="checkbox"/>	Diazepam	<input type="checkbox"/>	Gabapentin	<input type="checkbox"/>
Tapentadol/ N-Desmethyltapentadol	<input type="checkbox"/>	(and metabolites)	<input type="checkbox"/>	Pregabalin	<input type="checkbox"/>
O/N-Desmethyltramadol	<input type="checkbox"/>	Desalkylflurazepam	<input type="checkbox"/>	Ketamine	<input type="checkbox"/>
Methadone/EDDP	<input type="checkbox"/>	Hydroxyethyl Flurazepam	<input type="checkbox"/>		
Dextrorphan	<input type="checkbox"/>	Flunitrazepam	<input type="checkbox"/>	Illicit Drugs	
Butorphanol	<input type="checkbox"/>	Chlordiazepoxide	<input type="checkbox"/>	Benzoyllecgonine	<input type="checkbox"/>
		Midazolam	<input type="checkbox"/>	(Cocaine metabolite)	
Opiate Antagonists		Triazolam	<input type="checkbox"/>	6-Acetylmorphine	<input type="checkbox"/>
Naloxone	<input type="checkbox"/>	Estazolam	<input type="checkbox"/>	(heroin metabolite)	
		Nitrazepam	<input type="checkbox"/>	Phencyclidine - PCP	<input type="checkbox"/>
Muscle Relaxant		Clobazam	<input type="checkbox"/>	MDMA/MDA	<input type="checkbox"/>
Carisoprodol	<input type="checkbox"/>	Nordiazepam	<input type="checkbox"/>	Carboxy THC	<input type="checkbox"/>
Meprobamate	<input type="checkbox"/>				
Cyclobenzaprine	<input type="checkbox"/>	Non-Benzo Hypnotics		Custom Panel	
		Zaleplon	<input type="checkbox"/>		
		Zolpidem	<input type="checkbox"/>		
		Tricyclic Anti Depressants			
		Amitriptyline	<input type="checkbox"/>		
		Nortriptyline	<input type="checkbox"/>		
		Imipramine	<input type="checkbox"/>		
		Desipramine	<input type="checkbox"/>		

7 POINT OF CARE RESULTS

	POS	NEG
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>
THC	<input type="checkbox"/>	<input type="checkbox"/>
MDMA	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	<input type="checkbox"/>	<input type="checkbox"/>
TCA	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>

10 PRESCRIBED MEDICATIONS

- Medication List Attached
 Patient Reports "No Medication"

11 PHYSICIAN SIGNATURE

X _____
 Documentation to support medical necessity for all tests ordered should be recorded in the patient's chart. By not signing, Physician signature and test orders are required to be documented in patient's medical chart and available upon request.

12 DATE RECEIVED STAMP

To be filled out by the LAB

Date: _____
Assurance Scientific Laboratories
 2868 Acton Road, Suite 207, Birmingham, AL 35243
 phone: 855.319.4459
 fax: 877.796.6185

* 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.