QTOX
A Division of Quality Laboratory Services
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Specimen #

Toxicology Requisition

1. PATIENT & ACCOUNT INFORMATION

Patient Last Name | Patient First Name | MI

Male ☐ Female ☐ | Date Of Birth | Telephone #

Address (Street, Apt #, City, State, Zip)

INSURANCE INFORMATION ☐ Patient ☐ Medicare ☐ Medicaid ☐ Insurance ☐ Client ☐ Workers Comp ☐ PIP

Insurance Company:

Policy Number:

Workers Comp/PIP Case #_____

Employer/Attorney_____

Injury Date _____ Phone # _____

DIAGNOSIS CODES (ICD-10)

2. PARENT DRUG (PRESCRIBED MEDICATIONS)

- ☐ ALPRAZOLAM (XANAX)
- ☐ AMITRIPTYLINE (ELAVIL)
- ☐ AMPHETAMINE (ADDERALL, VYVANSE)
- ☐ BUPRENORPHINE (SUBUTEX, SUBOXONE)
- ☐ BUPROPION (WELLBUTRIN, ZYBAN)
- ☐ BUTALBITAL (FIORICET, FIORINAL)
- ☐ CARISOPRODOL (SOMA,VANADOM)
- ☐ CLONAZEPAM (KLONOPIN)
- ☐ CLOZAPINE (CLOZARIL, FAZACLO, CLOPINE)
- ☐ CODEINE (TYLENOL III, TYLENOL IV, VOPAC)
- ☐ CYCLOBENZAPRINE (AMRIX, FLEXERIL)
- ☐ DIAZEPAM (VALIUM)
- ☐ DOXEPIN (DEPTRAN, PRUDOXIN, SINEQUAN)
- ☐ DULOXETINE (CYMBALTA)
- ☐ FENTANYL (DURAGESIC, LONSYS, SUBLIMAZE)
- ☐ FLUOXETINE (PROZAC)
- ☐ GABAPENTIN (GRASILE, NEURONTIN)
- ☐ HALOPERIDOL (HALDOL)
- ☐ HYDROCODONE (LORCET, NORCO, VICODIN)
- ☐ HYDROMORPHONE (DILAUDID, EXALGO)
- ☐ LORAZEPAM (ATIVAN, LORAZEPAM INTESOL)
- ☐ MEPERIDINE (DEMEROL, MEPERITAB)
- ☐ MEPROBAMATE (EQUANIL, MILTOWN)
- ☐ METHADONE (DOLOPHINE, METHADOSE)
- ☐ METHYLPHENIDATE (CONCERTA, RITALIN)
- ☐ MORPHINE (AVINZA, MS CONTIN, ORAMORPH)
- ☐ NALOXONE (NARCAN, TALWIN)
- ☐ NALTREXONE (REVIA, VIVITROL)
- ☐ NORTRIPTYLINE (ALLEGRON, PAMELOR)
- ☐ OXAZEPAM (SERAX)
- ☐ OXYCODONE (OXYCONTIN, PERCOCET)
- ☐ OXYMORPHONE (OPANA, NUMORPHAN)
- ☐ PAROXETINE (BRISDELLE, PAXIL, PEXEVA)
- ☐ PHENOBARBITAL (LUMINAL, SOLFOTON)
- ☐ PREGABALIN (LYRICA)
- ☐ SERTRALINE (ZOLOFT)
- ☐ TAPENTADOL (NUCYNTA, PALEXIA)
- ☐ TEMAZEPAM (RESTORIL)
- ☐ TRAMADOL (CONZIP, RYZOLT, ULTRAM)
- ☐ TRIAZOLAM (HALCION)
- ☐ VENLAFAXINE (EFFEXOR)
- ☐ ZALEPLON (SONATA)
- ☐ ZOLPIDEM (AMBIEN, EDLUAR, INTERMEZZO)
- ☐ OTHER _____
- ☐ OTHER _____

3. ORDER TESTS

Special Instructions

A. Screens - *5 & 10 Panel Include Specimen Validity Test*

☐ POC was performed. Please note if selected additional testing by immunoassay test will not be performed.

☐ **(33B) 10 Panel** w/ reflex to confirm
AMP, BARB, BENZO, BUP, COC, CANN, MTD, OPI, PCP, PPX

☐ **(33C) 5 Panel** w/ reflex to confirm
AMP, COC, CANN, PCP, PPX

☐ **(213) Alcohol (ETG)** w/ reflex to confirm

☐ **(8302) Oxycodone** w/ reflex to confirm

B. Quantitative Analysis - By marking a quantitative test at the drug family level, all analytes will be tested

Specimen Type ☐ Urine ☐ Oral Swab (Tests marked with *** can be ordered by swab) ☐ (H199) Specimen Validity Test (Urine ONLY)

☐ **COMPREHENSIVE QUANTITATIVE URINE:** (H099) includes all Urine Tests

☐ **COMPREHENSIVE QUANTITATIVE SWAB:** (Y098) includes all Swab Tests

☐ **ALCOHOL** (H001)
- ☐ Ethyl Glucuronide (ETG)/ Ethyl Sulfate (ETS)

☐ **ANTIEPILEPTICS*** (H023)
- ☐ Gabapentin***
- ☐ Pregabalin***

☐ **ANTIPSYCHOTICS** (H024)
- ☐ Haloperidol
- ☐ N-Desmethylclozapine

☐ **BARBITURATES*** (H005)
- ☐ Butalbital*** ☐ Phenobarbital***
- ☐ Secobarbital***

☐ **BENZODIAZEPINES*** (H006)
- ☐ 2-Hydroxyethylflurazepam ☐ Nordiazepam***
- ☐ 7-Aminoclonazepam*** ☐ Oxazepam***
- ☐ 7-Aminoflunitrazepam ☐ Temazepam***
- ☐ alpha-Hydroxyalprazolam ☐ Alprazolam***
- ☐ alpha-Hydroxymidazolam ☐ Desmethylflunitrazepam
- ☐ alpha-Hydroxytriazolam ☐ Lorazepam***

☐ **COUGH SUPPRESSANTS*** (H025)
- ☐ Dextromethorphan*** ☐ Dextrophan***

☐ **ILLICIT/ OTHER*** (H031)
- ☐ 6- MAM (Heroin Metab.)***
- ☐ Cocaine***/ Benzoylecgonine***
- ☐ Carfentanil/ Norcarfentanil
- ☐ Ketamine***/ Norketamine
- ☐ Lysergic acid diethylamide (LSD)
- ☐ MDMA (Ecstasy)***
- ☐ MDA***
- ☐ MDEA***
- ☐ Mitragynine (Kratom)***
- ☐ Phencylidine (PCP)***
- ☐ Propoxyphene (PPX)
- ☐ THC-COOH***
- ☐ THC-DELTA*** (SWAB ONLY)
- ☐ U-47700 (PINK)

☐ ILLICIT: BATH SALTS (H032)

☐ ILLICIT: SPICE (H009)

☐ MUSCLE RELAXANTS*** (H010)
- ☐ Carisoprodol***
- ☐ Meprobamate***
- ☐ Cyclobenzaprine***

☐ NON BENZO HYPNOTIC*** (H015)
- ☐ Zaleplon***
- ☐ Zolpidem***

☐ **NON OPIOID ANALGESICS*** (H014)
- ☐ Tramadol***/ O-Desmethyl-Tramadol***
- ☐ Tapentadol***/ Desmethyl-Tapentadol

☐ **OPIOIDS: NATURAL*** (H011)
- ☐ Codeine***
- ☐ Morphine***

☐ **OPIOIDS: SYNTHETIC*** (H033)
- ☐ Fentanyl***/ Norfentanyl***
- ☐ Meperidine***/ Normeperidine
- ☐ Methadone***/ EDDP***
- ☐ Naltrexone***/ Beta-Naltrexol***

☐ **OPIOIDS: SEMI-SYNTHETIC*** (H034)
- ☐ Hydrocodone***
- ☐ Hydromorphone***
- ☐ Oxycodone***/ Noroxycodone***
- ☐ Oxymorphone***

☐ **SNRI** (H026)
- ☐ Duloxetine
- ☐ Venlafaxine

☐ **SSRI** (H027)
- ☐ Paroxetine
- ☐ Sertraline
- ☐ Fluoxetine (Prozac)

☐ **STIMULANTS*** (H035)
- ☐ Amphetamine***
- ☐ Methamphetamine***
- ☐ Methylphenidate (Ritalin)***
- ☐ Ritalinic Acid

☐ **SUBOXONE*** (H202)
- ☐ Buprenorphine***/ Norbuprenorphine***
- ☐ Naloxone***

☐ **TRICYCLIC ANTIDEPRESS. (TCA)***(H028)
- ☐ Amitriptyline***
- ☐ Nortriptyline***
- ☐ Bupropion
- ☐ Doxepin

PHYSICIAN AUTHORIZATION

The ordering physician or his/her authorized representative must sign his/her name and indicate the date the test is ordered. The signature constitutes a certification that, with respect to tests reimbursed by Medicare or other third-party payers, the testing is medically necessary and the results will be used in the management of the patient.

Physician Signature _____ Date

SPECIMEN COLLECTION INFORMATION (FOR OFFICIAL USE ONLY)

Time Collected _____ AM PM

Date Collected _____

PATIENT AUTHORIZATION

I certify that I have voluntarily provided a fresh and unadulterated urine specimen for analytical testing to Apollo Clinical Laboratories Inc DBA Quality Laboratory Services. I am acknowledging and consenting that Apollo (QLS), which may be an out of network provider, is authorized to access my protected health information and act on my behalf for all insurance reconsiderations and appeals. This consent is permanent until I revoke this consent in writing to Apollo (QLS).

Patient Signature _____ Date

PLEASE REVIEW REVERSE SIDE FOR IMPORTANT NOTES