



SMA Specialty Medical Lab

Toll Free: (877) 697-6252 • Fax: (888) 322-9524
940 Pennsylvania Blvd., Unit A, Feasterville, PA 19053
40 Exchange Place, Suite 701, New York, NY 10005

2944 SW 26th Terrace, Suite 502, Dania Beach, FL 33312
Phone: (954) 306-3667 • Fax: (954) 306-3157

Toxicology Requisition

PATIENT INFORMATION

Last Name		First Name		M.I.
Street Address		Apt#	City	State ZIP
Phone	SSN	D.O.B.		M <input type="checkbox"/> F <input type="checkbox"/>

INSURANCE INFORMATION

Insurance Name	I.D. #	Group#
----------------	--------	--------

ICD-10 CODES						
--------------	--	--	--	--	--	--

PATIENT CONSENT AND AUTHORIZATION:

I supplied accurate and true information with this form. If I supplied insurance information, I authorize payment of my insurance benefits directly to SMA. I authorize SMA to be my Designated Representative and to appeal any denial of health benefits. I understand SMA may be out of network with my plan, and I accept responsibility for paying to SMA any amounts my insurer determines are my responsibility after calculating deductibles, co-payments and co-insurance due under my policy. I understand I am legally responsible for sending SMA any money received from my health insurance company for performance of this laboratory test. I also allow the release of medical information necessary to process this claim.

Patient Signature Date

PROVIDER AUTHORIZATION TO TEST:

I am authorized to order laboratory tests and hereby order the tests indicated below. I confirm these test(s) are medically necessary for the treatment of the patient. I supplied accurate and true information on this form. I am aware information has been supplied to the patient about drug testing and that the patient has consented to the testing through his/her signature on this form. I understand that it is my responsibility to document medical necessity for testing in the patient record and to provide a copy of the same to SMA upon request.

Physician Signature Date

SPECIMEN COLLECTION

Date Collected: _____
Time Collected: _____ AM/ PM
 Temperature checked within 4 minutes of collection and is between 90-100° F or 32-38° C

Please select any drug or drug classes from the Definitive test menu, that might be relevant to Point of Care Test (POCT) screened positive and/or relevant to prescribed medication.

Pos.		Neg.		Pos.		Neg.		Pos.		Neg.		Pos.		Neg.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

URINE DEFINITIVE TEST MENU			
1083 <input type="checkbox"/> Amphetamines Amphetamine Methamphetamine	1085 <input type="checkbox"/> Benzodiazepines 7-Aminoclonazepam α-Hydroxyalprazolam α-Hydroxymidazolam α-Hydroxytriazolam Hydroxyethylflurazepam Lorazepam Nordiazepam Oxazepam Temazepam	1264 <input type="checkbox"/> Illicits Esoteric 25I-NBOMe Carfentanyl Flakka Kratom Krokodil Levamisole Psilocin U-47700 W-18	1265 <input type="checkbox"/> Opiates and Opioids Codeine Morphine Hydrocodone Norhydrocodone Hydromorphone Naloxone Naltrexone metabolite Dextromethorphan Meperidine metabolite
1272 <input type="checkbox"/> D,L-Methamphetamine	1099 <input type="checkbox"/> Spice-K2 JWH 122 JWH 210 JWH 250	1156 <input type="checkbox"/> Ketamine	1266 <input type="checkbox"/> Oxycodone and Metabolites Oxycodone Oxymorphone Noroxycodone
1131 <input type="checkbox"/> Methylphenidate metabolite Ritalinic acid	1263 <input type="checkbox"/> Illicit Common Cocaine metabolite Heroin metabolite MDMA (Ecstasy) MDA MDEA Phencyclidine (PCP)	1087 <input type="checkbox"/> Muscle Relaxants Cyclobenzaprime metabolite Meprobamate (Carisoprodol metabolite)	1267 <input type="checkbox"/> Methadone Methadone EDDP
1084 <input type="checkbox"/> Antidepressants Amitriptyline metabolite Duloxetine Fluoxetine Paroxetine Sertraline Venlafaxine		1180 <input type="checkbox"/> Buprenorphine Buprenorphine Norbuprenorphine	1186 <input type="checkbox"/> Norfentanyl (Fentanyl) Fentanyl metabolite
1132 <input type="checkbox"/> Anticonvulsants Gabapentin 1133 <input type="checkbox"/> Pregabalin			1184 <input type="checkbox"/> O-desmethyl-Tramadol

NO POCT PERFORMED

If no POCT has been performed, please choose any of SMA offered screening panels from the menu below.

URINE PRESUMPTIVE (SCREENING) PANELS*		
#512 Drug Screen9	Screen Only <input type="checkbox"/>	Confirm (+) results <input type="checkbox"/>
#1116 Drug Screen13	Screen Only <input type="checkbox"/>	Confirm (+) results <input type="checkbox"/>
#1077 Drug Screen19	Screen Only <input type="checkbox"/>	Confirm (+) results <input type="checkbox"/>

* Please see back of the requisition for the details on urine presumptive panels

ORAL FLUID DEFINITIVE TEST MENU			
1242 <input type="checkbox"/> Amphetamines Amphetamine Methamphetamine	1235 <input type="checkbox"/> Benzodiazepines Alprazolam Clonazepam Diazepam Lorazepam Nordiazepam	Midazolam Temazepam	1268 <input type="checkbox"/> Opiates and Opioids Codeine Morphine Hydrocodone Hydromorphone Naltrexone metabolite
1234 <input type="checkbox"/> Methylphenidate metabolite Ritalinic acid	1201 <input type="checkbox"/> Illicit Cocaine Heroin metabolite Kratom	MDA MDEA MDMA PCP	1239 <input type="checkbox"/> Oxycodone and Metabolites Oxycodone Oxymorphone Noroxycodone
		1226 <input type="checkbox"/> Ketamine 1213 <input type="checkbox"/> Buprenorphine	

PRESCRIBED MEDICATIONS (check all that apply)

Amphetamines	Benzodiazepines	Hypnotic Z-drugs	Muscle Relaxants	Opiates/Opioids	Others	
<input type="checkbox"/> Adderall <input type="checkbox"/> Concerta <input type="checkbox"/> Desoxyn <input type="checkbox"/> Dexedrine <input type="checkbox"/> Methylphenidate <input type="checkbox"/> Ritalin <input type="checkbox"/> Vyvanse	<input type="checkbox"/> Alprazolam <input type="checkbox"/> Ativan <input type="checkbox"/> Clonazepam <input type="checkbox"/> Dalmane <input type="checkbox"/> Flurazepam <input type="checkbox"/> Halcion <input type="checkbox"/> Klonopin <input type="checkbox"/> Madar <input type="checkbox"/> Midazolam <input type="checkbox"/> Restoril <input type="checkbox"/> Serax <input type="checkbox"/> Triazolam <input type="checkbox"/> Valium <input type="checkbox"/> Versed <input type="checkbox"/> Xanax	<input type="checkbox"/> Eszopiclone <input type="checkbox"/> Sonata <input type="checkbox"/> Stilnox <input type="checkbox"/> Ambien <input type="checkbox"/> Zimovane	<input type="checkbox"/> Carisoprodol <input type="checkbox"/> Cyclobenzaprime <input type="checkbox"/> Equanil <input type="checkbox"/> Flexeril <input type="checkbox"/> Meprobamate <input type="checkbox"/> Miltown <input type="checkbox"/> Soma	<input type="checkbox"/> Darvon <input type="checkbox"/> Demerol <input type="checkbox"/> Dilaudid <input type="checkbox"/> Dolophine <input type="checkbox"/> Duragesic <input type="checkbox"/> Embeda <input type="checkbox"/> Endocet <input type="checkbox"/> Fentanyl <input type="checkbox"/> Fentora <input type="checkbox"/> Hydrocodone <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Kadian <input type="checkbox"/> Lortab <input type="checkbox"/> Meperidine <input type="checkbox"/> Methadone <input type="checkbox"/> Morphine <input type="checkbox"/> MS Contin <input type="checkbox"/> MSIR <input type="checkbox"/> Naloxone <input type="checkbox"/> Naltrexone	<input type="checkbox"/> Norco <input type="checkbox"/> Nucynta <input type="checkbox"/> Numorphan <input type="checkbox"/> Opana <input type="checkbox"/> Oxy IR <input type="checkbox"/> Oxycodone <input type="checkbox"/> Oxycotin <input type="checkbox"/> Oxymorphone <input type="checkbox"/> Percodan <input type="checkbox"/> Percocet <input type="checkbox"/> Roxicet	<input type="checkbox"/> Roxicodone <input type="checkbox"/> Ryzolt <input type="checkbox"/> Sublimaze <input type="checkbox"/> Suboxone <input type="checkbox"/> Subutex <input type="checkbox"/> Tapentadol <input type="checkbox"/> Tramadol <input type="checkbox"/> Ultram <input type="checkbox"/> Vicodin <input type="checkbox"/> Vicoprofen <input type="checkbox"/> Vivitrol

URINE PRESUMPTIVE (SCREENING) PANELS

#512 Drug Screen 9
Amphetamines
Barbiturates
Benzodiazepines
Cannabinoids (THC)
Cocaine
Ethyl glucuronide (ETG)
Methadone
Opiates
PCP
Validity

1116 Drug Screen 13
Amphetamines
Barbiturates
Benzodiazepines
Cannabinoids
Cocaine
Ecstasy (MDMA)
Ethyl glucuronide (ETG)
Ethanol
Methadone
Opiates
Oxycodone
PCP
Propoxyphene
Validity

1077 Drug Screen 19
Amphetamines
Barbiturates
Benzodiazepines
Buprenorphine
Cannabinoids
Cocaine
EDDP
Ecstasy (MDMA)
Ethanol
Ethyl glucuronide (ETG)
Heroin metabolite
Meperidine
Methadone
Opiates
Oxycodone
Phencyclidine (PCP)
Propoxyphene
Tramadol
Tricyclic antidepressants (TCA)
Validity

SMA will test the validity of each **urine specimen** by analyzing Creatinine levels, Specific Gravity, Oxidants and pH

Definitions

Presumptive testing - performed to indicate possible presence or absence of drug or drug class. All enzyme immunoassay (EIA) tests are considered presumptive.

Definitive testing - performed to identify and quantify drug and/or associated metabolite presence or absence. LC/MS/MS and GC/MS are the most common technique for definitive testing. This technique is also employed to confirm presumptive test results.

Medical necessity (please complete with every requisition)

Insurance carriers limit coverage of drug testing to medically necessary and reasonable tests relevant to the individual patient's medical situation, regardless of the medical treatment setting. To facilitate communication of medical necessity of testing, please answer the questions below:

Please check-mark your selected answers	Y	N
I am unable to test for these drugs using a point of care (POC) immunoassay test cup. I need to identify a specific substance or metabolite that is inadequately detected by a presumptive drug test.		
I need to identify suspected use of non-prescribed medication or illicit drugs so that I may minimize the potential of patient harm and provide for safe prescribing of opioids or other controlled substances.		
Does the patient have a documented history of drug abuse?		
Has the patient been prescribed medications in any of the drug classes requested for testing?		
Is this test part of a baseline evaluation for a new patient (Yes) or an established patient who is being considered for chronic opioid therapy or other long-term therapy involving controlled substances (No)?		