



SMA Specialty Medical Lab

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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.

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.

Patient Signature

Date

Physician Signature

Date

| SPECIMEN COLLECTION | POCT SCREENING PANEL PERFORMED WITH THE FOLLOWING RESULTS: | | | | | | To confirm POCT results mark Pos. or prescribed Neg. on SMA Urine Definitive Test Menu. If no POCT has been performed, please choose any of SMA screening panels from the menu below: |
|---|--|--------------------------|------------------------------|--------------------------|------------------------------|--------------------------|--|
| Specimen Type: _____ Date Collected: _____ Time Collected: _____ AM / PM <input type="checkbox"/> Urine temperature checked within 4 minutes of collection and is between 90- 100° F or 32 -38° C | Pos. | Neg. | Pos. | Neg. | Pos. | Neg. | |
| | <input type="checkbox"/> AMP | <input type="checkbox"/> | <input type="checkbox"/> BZO | <input type="checkbox"/> | <input type="checkbox"/> MTD | <input type="checkbox"/> | <input type="checkbox"/> PCP <input type="checkbox"/> TCA <input type="checkbox"/> THC |
| | <input type="checkbox"/> MET | <input type="checkbox"/> | <input type="checkbox"/> COC | <input type="checkbox"/> | <input type="checkbox"/> OPI | <input type="checkbox"/> | |
| | <input type="checkbox"/> MDMA | <input type="checkbox"/> | <input type="checkbox"/> BAR | <input type="checkbox"/> | <input type="checkbox"/> OXY | <input type="checkbox"/> | |
| | | | | | | | |

| URINE DEFINITIVE (CONFIRMATION) TEST MENU (Select the class or individual drug) | | | | URINE PRESUMPTIVE (SCREENING) TEST MENU | | |
|---|--|--|---|--|---|--------------------------------------|
| 1083 <input type="checkbox"/> Amphetamines Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> | 1085 <input type="checkbox"/> Benzodiazepines 7-Aminoclonazepam <input type="checkbox"/> α-Hydroxyalprazolam <input type="checkbox"/> α-Hydroxymidazolam <input type="checkbox"/> α-Hydroxytriazolam <input type="checkbox"/> Hydroxyethylflurazepam <input type="checkbox"/> Lorazepam <input type="checkbox"/> Nordiazepam <input type="checkbox"/> Oxazepam <input type="checkbox"/> Temazepam <input type="checkbox"/> | 1264 <input type="checkbox"/> Illicits Esoteric 25I-NBOMe <input type="checkbox"/> Carfentanyl <input type="checkbox"/> Flakka <input type="checkbox"/> Kratom <input type="checkbox"/> Krokodil <input type="checkbox"/> Levamisole <input type="checkbox"/> Psilocin <input type="checkbox"/> U-47700 <input type="checkbox"/> W-18 <input type="checkbox"/> | 1265 <input type="checkbox"/> Opiates & Opioids Codeine <input type="checkbox"/> Morphine <input type="checkbox"/> Hydrocodone <input type="checkbox"/> Norhydrocodone <input type="checkbox"/> (Hydrocodone metabolite) Hydromorphone <input type="checkbox"/> Dextromethorphan <input type="checkbox"/> Meperidine metabolite <input type="checkbox"/> | #512 Drug Screen9 | Confirm(+) Results <input type="checkbox"/> | Screen Only <input type="checkbox"/> |
| 1407 <input type="checkbox"/> Phentermine | 1088 <input type="checkbox"/> Sedative Hypnotics (Z-drugs) Zaleplon <input type="checkbox"/> Zolpidem <input type="checkbox"/> Zopiclone <input type="checkbox"/> | 1156 <input type="checkbox"/> Ketamine | 1266 <input type="checkbox"/> Oxycodone and Metabolites Oxycodone <input type="checkbox"/> Oxymorphone <input type="checkbox"/> Nor oxycodone <input type="checkbox"/> | #1116 Drug Screen13 | Confirm(+) results <input type="checkbox"/> | Screen Only <input type="checkbox"/> |
| 1272 <input type="checkbox"/> D,L-Methamphetamine | 1099 <input type="checkbox"/> Spice-K2 JWH 122 <input type="checkbox"/> JWH 210 <input type="checkbox"/> JWH 250 <input type="checkbox"/> | 1180 <input type="checkbox"/> Buprenorphine Buprenorphine <input type="checkbox"/> Norbuprenorphine <input type="checkbox"/> | 1267 <input type="checkbox"/> Methadone Methadone <input type="checkbox"/> EDDP <input type="checkbox"/> | #1077 Drug Screen19 | Confirm(+) results <input type="checkbox"/> | Screen Only <input type="checkbox"/> |
| 1131 <input type="checkbox"/> Methylphenidate metabolite Ritalinic acid | 1263 <input type="checkbox"/> Illicit Common Cocaine metabolite <input type="checkbox"/> Heroin metabolite <input type="checkbox"/> MDMA (Ecstasy) <input type="checkbox"/> MDA <input type="checkbox"/> MDEA <input type="checkbox"/> Phencyclidine (PCP) <input type="checkbox"/> | 1087 <input type="checkbox"/> Muscle Relaxants Cyclobenzaprine <input type="checkbox"/> metabolite Meprobamate <input type="checkbox"/> (Carisoprodol metabolite) | 1186 <input type="checkbox"/> Norfenatani Fentanyl metabolite | Please refer to the reverse side of the requisition for the details on the urine Screenin panels | | |
| 1084 <input type="checkbox"/> Antidepressants Amitriptyline metabolite <input type="checkbox"/> Duloxetine <input type="checkbox"/> Fluoxetine <input type="checkbox"/> Paroxetine <input type="checkbox"/> Sertraline <input type="checkbox"/> Venlafaxine <input type="checkbox"/> | 1201 <input type="checkbox"/> Illicit Cocaine <input type="checkbox"/> Heroin metabolite <input type="checkbox"/> Kratom <input type="checkbox"/> | 1091 <input type="checkbox"/> Alcohol Biomarkers ETG <input type="checkbox"/> ETS <input type="checkbox"/> | 1184 <input type="checkbox"/> O-desmethyl-Tramadol | 1092 <input type="checkbox"/> Barbiturates Amobarbital <input type="checkbox"/> Butobarbital <input type="checkbox"/> Butalbital <input type="checkbox"/> Pentobarbital <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Secobarbital <input type="checkbox"/> | | |
| 1132 <input type="checkbox"/> Gabapentin | | | 1183 <input type="checkbox"/> Tapentadol | | | |
| 1133 <input type="checkbox"/> Pregabalin | | | 1080 <input type="checkbox"/> (THC-COOH) THC metabolite | | | |
| 1429 <input type="checkbox"/> Antipsychotics Paliperidone (Risperidone metabolite) Aripiprazole metabolite Haloperidol Loxapine Clozapine metabolite Ziprasidone Olanzapine | | | | | | |
| 1191 <input type="checkbox"/> Quetiapine | | | | | | |

| ORAL FLUID DEFINITIVE TEST MENU | | | | | |
|---|--|------------------------|---|--|---|
| 1083 <input type="checkbox"/> Amphetamines Amphetamine Methamphetamine | 1235 <input type="checkbox"/> Benzodiazepines Alprazolam Clonazepam Diazepam Lorazepam Nordiazepam | Midazolam Temazepam | MDA MDEA MDMA PCP | 1268 <input type="checkbox"/> Opiates & Opioids Codeine Morphine Hydrocodone Hydromorphone Naltrexone metabolite | Naloxone Meperidine |
| 1234 <input type="checkbox"/> Methylphenidate metabolite Ritalinic acid | | | 1226 <input type="checkbox"/> Ketamine 1213 <input type="checkbox"/> Buprenorphine | 1239 <input type="checkbox"/> Oxycodone & Metabolites Oxycodone Oxymorphone Noroxycodone | 1221 <input type="checkbox"/> Methadone 1222 <input type="checkbox"/> Fentanyl |

| PRESCRIBED MEDICATIONS (alphabetically within each class) | | | | | |
|---|--|---|---|---|---|
| Amphetamines <input type="checkbox"/> Adderall <input type="checkbox"/> Desoxyn <input type="checkbox"/> Dexedrine <input type="checkbox"/> Phentermine <input type="checkbox"/> Ritalin | Anticonvulsants <input type="checkbox"/> Neurontin (Gabapentin) <input type="checkbox"/> Lyrica (Pregabalin) | Benzodiazepines <input type="checkbox"/> Ativan <input type="checkbox"/> Dalmane <input type="checkbox"/> Halcion <input type="checkbox"/> Klonopin <input type="checkbox"/> Librium <input type="checkbox"/> Midazolam <input type="checkbox"/> Oxazepam <input type="checkbox"/> Restoril <input type="checkbox"/> Valium <input type="checkbox"/> Xanax | Muscle Relaxants <input type="checkbox"/> Flexeril <input type="checkbox"/> Meprobamate <input type="checkbox"/> Soma | Opiates & Opioids <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Codeine <input type="checkbox"/> Demerol <input type="checkbox"/> Dextromethorphan <input type="checkbox"/> Dilaudid <input type="checkbox"/> Fentanyl <input type="checkbox"/> Methadone <input type="checkbox"/> MS Contin <input type="checkbox"/> Morphine <input type="checkbox"/> Naloxone | Others (please print) _____ _____ _____ |
| Antidepressants <input type="checkbox"/> Effexor <input type="checkbox"/> Elavil <input type="checkbox"/> Paroxetine <input type="checkbox"/> Pamelor <input type="checkbox"/> Cymbalta <input type="checkbox"/> Zoloft <input type="checkbox"/> Prozac | Barbiturates <input type="checkbox"/> Amobarbital <input type="checkbox"/> Butobarbital <input type="checkbox"/> Butalbital <input type="checkbox"/> Pentobarbital <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Secobarbital | Hypnotic Z-drugs <input type="checkbox"/> Zaleplon <input type="checkbox"/> Zolpidem <input type="checkbox"/> Zopiclone | | <input type="checkbox"/> Norco <input type="checkbox"/> Nycynta <input type="checkbox"/> Percocet <input type="checkbox"/> Saboxone <input type="checkbox"/> Tramadol <input type="checkbox"/> Tylenol 3 <input type="checkbox"/> Vicodin <input type="checkbox"/> Vivitrol | |

URINE PRESUMPTVE (SCREENING) PANELS

Please note, each subsequent screening panel includes the previous panel and contains additional drugs

| #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 |

* Please note Amitriptyline and Nortriptyline are the only TCA included in SMA confirmation panel but Screened positive result may be caused by other drugs of TCA class present in a specimen

URINE PRESUMPTVE (SCREENING) PANELS

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

Insurance carriers limit coverage of drug testing to medically necessary and reasonable tests relevant to the individual patient's medical situation. It is the physician's responsibility to only order tests that are medically necessary.