



SMA Specialty Medical Lab

Toll Free: (877) 697-6252 • Fax: (888) 322-9524

940 Pennsylvania Blvd., Unit A, Feasterville, PA 19053

4101 N Hospital Dr, Suite 102, Plantation, FL 33317

Phone: (954) 306-3667 • Fax: (954) 337-2604

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:								
Specimen Type: _____ Date Collected: _____	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	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:
Time Collected: _____ AM / PM	<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 temperature checked within 4 minutes of collection and is between 90- 100° F or 32 -38° C	<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 (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) <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Naloxone <input type="checkbox"/> Naltrexone metabolite <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"/>	1194 <input type="checkbox"/> Nicotine Metabolite Cotinine	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 <input type="checkbox"/> 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"/>	1180 <input type="checkbox"/> Buprenorphine Buprenorphine <input type="checkbox"/> Norbuprenorphine <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"/> Butabarbital <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) <input type="checkbox"/> Aripiprazole metabolite <input type="checkbox"/> Haloperidol <input type="checkbox"/> Loxapine <input type="checkbox"/> Clozapine metabolite <input type="checkbox"/> Ziprasidone <input type="checkbox"/> Olanzapine <input type="checkbox"/>						
1191 <input type="checkbox"/> Quetiapine						

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

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.