



- POCT**
- NON POCT**
- SCREEN (Presumptive testing) and Confirm Positive Results**
- CUSTOM PROFILE (Please Complete Attached Custom Panel Disclosure and Authorization Form; Page 2)**

To accommodate the clinical needs of providers who order tests for a certain patient population, SMA offers practitioners/facilities the opportunity to create custom panels of specimen testing based upon the unique clinical needs of their patient population in a particular setting. Qualitative (screening) results will be reported as "Presumptive Positive" or "Negative." Quantitative (confirmation) results will be reported in units (ng/ml), which represent the level of drug and/or metabolites identified by testing. **Please select the design of your panel by checking the boxes below:**

Section 1. Urine Presumptive Screening (EIA) 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

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

* Please note TCA screened positive may indicate the presence of TCA other than Amitriptyline/Nortriptyline. Amitriptyline/Nortriptyline are the only TCA included in SMA Antidepressants confirmation panel



Section 2. Urine Definitive (LCMS) Drug Classes Not Covered by any Screening Panel

<input type="checkbox"/> 1087 MUSCLE RELAXANTS Cyclobenzaprine metabolite <input type="checkbox"/> Meprobamate (Carisoprodol metabolite) <input type="checkbox"/>	<input type="checkbox"/> 1088 SEDATIVE HYPNOTICS (Z-DRUGS) Zaleplon <input type="checkbox"/> Zolpidem <input type="checkbox"/> Zopiclone/Eszopiclone <input type="checkbox"/>	<input type="checkbox"/> 1099 SPICE-K2 JWH 122 <input type="checkbox"/> JWH 210 <input type="checkbox"/> JWH250 <input type="checkbox"/>	<input type="checkbox"/> 1264 ILLCITS 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"/>	<input type="checkbox"/> 1084 ANTIDEPRESSANTS Duloxetine <input type="checkbox"/> Fluoxetine <input type="checkbox"/> Paroxetine <input type="checkbox"/> Sertraline <input type="checkbox"/> Venlafaxine <input type="checkbox"/>
<input type="checkbox"/> 1186 NORFENTANYL (FENTANYL) Fentanyl metabolite	<input type="checkbox"/> 1131 METHYLPHENIDATE METABOLITE Ritalinic acid <input type="checkbox"/> 1194 COTININE (Nicotine Metabolite)	<input type="checkbox"/> 1407 PHENTERMINE <input type="checkbox"/> 1272 D,L-METHAMPHETAMINE		<input type="checkbox"/> 1132 GABAPENTIN <input type="checkbox"/> 1133 PREGABALIN
<input type="checkbox"/> 1183 TAPENTADOL	<input type="checkbox"/> 1156 KETAMINE	<input type="checkbox"/> 1191 QUETIAPINE		

Please select an individual drug(s) from the menu or an entire drug class

Section 3. Urine Definitive Confirmation (LCMS) Panels Covered by Screening Panels

<input type="checkbox"/> 1265 OPIATES & OPIOIDS Codeine <input type="checkbox"/> Morphine <input type="checkbox"/> Hydrocodone <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"/>	<input type="checkbox"/> 1085 BENZODIAZEPINES 7-Aminoclonazepam <input type="checkbox"/> a-Hydroxyalprazolam <input type="checkbox"/> a-Hydroxymidazolam <input type="checkbox"/> a-Hydroxytriazolam <input type="checkbox"/> Hydroxyethylflurazepam <input type="checkbox"/> Lorazepam <input type="checkbox"/> Nordiazepam <input type="checkbox"/> Oxazepam <input type="checkbox"/> Temazepam <input type="checkbox"/>	<input type="checkbox"/> 1263 ILLCIT 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 <input type="checkbox"/>	<input type="checkbox"/> 1266 OXYCODONE & METABOLITES Oxycodone <input type="checkbox"/> Oxymorphone <input type="checkbox"/> Noroxycodone <input type="checkbox"/>	<input type="checkbox"/> 1083 AMPHETAMINES Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/>
			<input type="checkbox"/> 1267 METHADONE Methadone <input type="checkbox"/> EDDP <input type="checkbox"/>	<input type="checkbox"/> 1180 BUPRENORPHINE Buprenorphine <input type="checkbox"/> Norbuprenorphine <input type="checkbox"/>
			<input type="checkbox"/> 1184 O-DESMETHYL TRAMADOL	

<input type="checkbox"/> 1091 ALCOHOL BIOMARKERS	<input type="checkbox"/> 1092 BARBITURATES	<input type="checkbox"/> 1080 THC
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Section 4. Oral Fluid (Saliva) Definitive (LCMS) Test Menu

<input type="checkbox"/> 1242 AMPHETAMINES Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/>	<input type="checkbox"/> 1235 BENZODIAZEPINES Alprazolam <input type="checkbox"/> Clonazepam <input type="checkbox"/> Diazepam <input type="checkbox"/> Lorazepam <input type="checkbox"/> Nordiazepam <input type="checkbox"/> Midazolam <input type="checkbox"/> Temazepam <input type="checkbox"/>	<input type="checkbox"/> 1201 ILLCIT DRUGS Cocaine <input type="checkbox"/> Heroin metabolite <input type="checkbox"/> Kratom <input type="checkbox"/> MDA <input type="checkbox"/> MDEA <input type="checkbox"/> MDMA <input type="checkbox"/> PCP <input type="checkbox"/>	<input type="checkbox"/> 1226 KETAMINE <input type="checkbox"/> 1213 BUPRENORPHINE <input type="checkbox"/> 1239 OXYCODONE & METABOLITES Oxycodone <input type="checkbox"/> Oxymorphone <input type="checkbox"/> Noroxycodone <input type="checkbox"/>	<input type="checkbox"/> 1268 OPIATES & OPIOIDS Codeine <input type="checkbox"/> Morphine <input type="checkbox"/> Hydrocodone <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Naltrexone metabolite <input type="checkbox"/> Naloxone <input type="checkbox"/> Meperidine <input type="checkbox"/>
<input type="checkbox"/> 1234 METHYLPHENIDATE METABOLITE Ritalinic acid			<input type="checkbox"/> 1221 METHADONE	
<input type="checkbox"/> 1222 FENTANYL				

Provider Acknowledgment & Consent:

I hereby request and authorize SMA Specialty Medical Lab to establish for me a customized testing panel for patient specimens from my practice/facility.

I understand that at any time I deem appropriate, I can amend this request for a custom panel and choose to order individualized selections for testing on an individual requisition form.

I understand and acknowledge that all tests ordered must be medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The person ordering the test(s) is authorized by law to order the test(s) requested herein.

I need to identify a specific substance or metabolite that is detected by a presumptive drug test. This custom panel is designed to create a baseline and continuing evaluation for consideration or treatment of chronic opioid therapy or other long term therapy involving controlled substances.

By affixing my signature below, I hereby confirm that the above information is true and correct. In the event additional information is needed or requested by SMA, I hereby agree to cooperate and execute such additional and further documentation as may be reasonably required, deemed necessary or otherwise requested by SMA to carry out the purposes of this Disclosure.

PHYSICIAN SIGNATURE: _____ PHYSICIAN NAME: _____ DATE: ____ / ____ / ____

PHYSICIAN SIGNATURE: _____ PHYSICIAN NAME: _____ DATE: ____ / ____ / ____

FOR INTERNAL USE ONLY
SMA TOX LAB APPROVED: _____
ACCOUNT # and NAME: _____