

TOXICOLOGY

PATIENT - PLEASE PRINT LEGIBLY

REQUIRED

First Name		Last Name	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Jewish (Ashkenazi) <input type="checkbox"/> Hispanic <input type="checkbox"/> Portuguese <input type="checkbox"/> Other: _____	
Street Address		Apt/Suite #	
City	State	Postal Code	

ORDERING PHYSICIAN

REQUIRED

Office/Practice/Institution Name		
Physician Name(s)		
Street Address		Apt/Suite #
City	State	Postal Code

SPECIMEN INFORMATION

REQUIRED

Specimen Type	Date of Collection	Time of Collection : <input type="checkbox"/> AM <input type="checkbox"/> PM	Collectors Initials
Diagnosis (ICD-10) Codes			

PATIENT INSURANCE

REQUIRED: ATTACH PATIENTS FACESHEET & COPY OF INSURANCE CARD

<input type="checkbox"/> Private	<input type="checkbox"/> Self Pay	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid
Insurance Company		Policy Number		

MEDICATIONS

REQUIRED

☐ MEDICATION LIST ATTACHED ☐ PATIENT REPORTS "NO MEDICATION"

TEST REQUESTED

SELECT ONE (REQUIRED)

☐ DRUG SCREEN

- ☐
- AMPHETAMINES
-
- ☐
- BARBITURATES
-
- ☐
- BENZODIAZEPINES
-
- ☐
- COCAINE
-
- ☐
- ETOH
-
- ☐
- METHADONE
-
- ☐
- OPIATES
-
- ☐
- OXYCODONE
-
- ☐
- PCP
-
- ☐
- THC

☐ REFLEX CONFIRMATION☐ FULL CONFIRMATION

- | | | |
|---|--|---|
| <input type="checkbox"/> AMO-PENTOBARBITAL | <input type="checkbox"/> FLUOXETINE | <input type="checkbox"/> NORDIAZEPAM |
| <input type="checkbox"/> BUTALBITAL | <input type="checkbox"/> FLURAZEPAM | <input type="checkbox"/> NORFENTANYL |
| <input type="checkbox"/> ETG | <input type="checkbox"/> GABAPENTIN | <input type="checkbox"/> NORHYDROCODONE |
| <input type="checkbox"/> ETS | <input type="checkbox"/> HYDROCODONE | <input type="checkbox"/> NORMEPERIDINE |
| <input type="checkbox"/> PHENOBARBITAL | <input type="checkbox"/> HYDROMORPHONE | <input type="checkbox"/> NOROXYCODONE |
| <input type="checkbox"/> 6-MONOACETYLMORPHINE | <input type="checkbox"/> HYDROXYALPRAZOLAM | <input type="checkbox"/> NORTRIPTYLINE |
| <input type="checkbox"/> 7-AMINOCLONAZEPAM | <input type="checkbox"/> HYDROXYMIDAZOLAM | <input type="checkbox"/> OXAZEPAM |
| <input type="checkbox"/> ALPRAZOLAM | <input type="checkbox"/> HYDROXYTRIAZOLAM | <input type="checkbox"/> OXYCODONE |
| <input type="checkbox"/> AMITRIPTYLINE | <input type="checkbox"/> IMIPRAMINE | <input type="checkbox"/> OXYMORPHONE |
| <input type="checkbox"/> AMPHETAMINE | <input type="checkbox"/> KETAMINE | <input type="checkbox"/> PCP |
| <input type="checkbox"/> BENZOYLECGONINE | <input type="checkbox"/> LORAZEPAM | <input type="checkbox"/> PHENTERMINE |
| <input type="checkbox"/> BUPRENORPHINE | <input type="checkbox"/> MDA | <input type="checkbox"/> PREGABALIN |
| <input type="checkbox"/> CARBOXY-THC | <input type="checkbox"/> MDEA | <input type="checkbox"/> RITALINIC ACID |
| <input type="checkbox"/> CARISOPRODOL | <input type="checkbox"/> MDMA | <input type="checkbox"/> SERTRALINE |
| <input type="checkbox"/> CLONAZEPAM | <input type="checkbox"/> MEPERIDINE | <input type="checkbox"/> TAPENTADOL |
| <input type="checkbox"/> CODEINE | <input type="checkbox"/> MEPROBAMATE | <input type="checkbox"/> TEMAZEPAM |
| <input type="checkbox"/> CYCLOBENZAPRINE | <input type="checkbox"/> METHADONE | <input type="checkbox"/> TRAMADOL |
| <input type="checkbox"/> DESIPRAMINE | <input type="checkbox"/> METHAMPHETAMINE | <input type="checkbox"/> VENLAFAXINE |
| <input type="checkbox"/> DESMETHYLTRAMADOL | <input type="checkbox"/> METHYLPHENIDATE | <input type="checkbox"/> ZALEPLON |
| <input type="checkbox"/> DIAZEPAM | <input type="checkbox"/> MITRAGYLINE | <input type="checkbox"/> ZOLPIDEM |
| <input type="checkbox"/> DOXEPIN | <input type="checkbox"/> MORPHINE | <input type="checkbox"/> ZOLPIDEM COOH |
| <input type="checkbox"/> EDDP | <input type="checkbox"/> NALOXONE | |
| <input type="checkbox"/> FENTANYL | <input type="checkbox"/> NALTREXONE | |
| <input type="checkbox"/> FLUNITRAZEPAM | <input type="checkbox"/> NORBUPRENORPHINE | |

PHYSICIAN CONSENT & MEDICAL NECESSITY FOR TESTING

REQUIRED

I authorize **OmniHealth Diagnostics** and its affiliated labs to perform testing as directed by this test requisition form. I understand and hereby acknowledge that: When ordering test for which Medicare or Medicaid reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis of the patient. Components may be billed separately per carrier policy. NOTE: The Office of Inspector General (OIG) takes the position that a physician who orders medically unnecessary test(s) for which Medicare reimbursement is claimed, maybe subject to civil penalties.

Physician Signature: _____

Date: _____

PATIENT ACKNOWLEDGEMENT & CONSENT

REQUIRED

I voluntarily consent to the collection and testing of my specimen and certify that the specimen identified on this form is my own and has not been adulterated in any manner. I certify that the information provided on this phone and on the specimen is accurate. I further authorize the laboratory to release the result of this testing to the ordering facility and/or my insurance company. I authorize my insurance company to pay in mail directly to **OmniHealth Diagnostics** and it's affiliated laboratories all benefits for payment of services rendered. I also authorize **OmniHealth Diagnostics** and it's affiliated laboratories to endorse any checks received on my behalf for payments of services provided. I hereby irrevocably assign to **OmniHealth Diagnostics** and it's affiliated laboratories all benefits under any policy of insurance indemnity agreement, or any collateral source as defined by statute for services provided. This assignment includes all rights to collect benefits directly from my insurance company and all rights to proceed against my insurance company in any action including legal suit, if for any reason my insurance company fails to make payment. This assignment also includes all rights to recover attorney fees and costs for such actions brought by the provider as my assignee.

Patient Signature: _____

Date: _____

TOXICOLOGY - ICD 10 CODES

Code	Description
E87.21	Acute metabolic acidosis
E87.22	Chronic metabolic acidosis
E87.29	Other acidosis
F10.120	Alcohol abuse with intoxication, uncomplicated
F11.20	Opioid dependence, uncomplicated
F12.120	Cannabis abuse with intoxication, uncomplicated
F13.120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated
F14.120	Cocaine abuse with intoxication, uncomplicated
F14.220	Cocaine dependence with intoxication, uncomplicated
F16.120	Hallucinogen abuse with intoxication, uncomplicated
F18.120	Inhalant abuse with intoxication, uncomplicated
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.89	Other schizophrenia
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
G40.919	Epilepsy, unspecified, intractable, without status epilepticus
M25.50	Pain in unspecified joint
M25.59	Pain in other specified joint
M54.2	Cervicalgia
M54.50	Low back pain, unspecified
M54.51	Vertebrogenic low back pain
M54.59	Other low back pain
M79.18	Myalgia, other site
R40.0	Somnolence
R40.1	Stupor
R41.0	Disorientation, unspecified
R41.82	Altered mental status, unspecified
R44.0	Auditory hallucinations
R44.3	Hallucinations, unspecified
R56.9	Unspecified convulsions
T39.011A	Poisoning by aspirin, accidental (unintentional), initial encounter
T40.0X1A	Poisoning by opium, accidental (unintentional), initial encounter
T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter
T40.2X2A	Poisoning by other opioids, intentional self-harm, initial encounter
T40.491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T40.5X1A	Poisoning by cocaine, accidental (unintentional), initial encounter
T40.5X4A	Poisoning by cocaine, undetermined, initial encounter
T40.711A	Poisoning by cannabis, accidental (unintentional), initial encounter
T43.201A	Poisoning by unspecified antidepressants, accidental (unintentional), initial encounter
T43.611A	Poisoning by caffeine, accidental (unintentional), initial encounter
Z71.51	Drug abuse counseling and surveillance of drug abuser
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy