

## TOXICOLOGY

PATIENT - PLEASE PRINT LEGIBLY		REQUIRED	ORDERING PHYSICIAN		REQUIRED
First Name _____ Last Name _____			Office/Practice/Institution Name _____		
Date of Birth _____	Sex _____ <input type="checkbox"/> Male <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Jewish (Ashkenazi) <input type="checkbox"/> Female <input type="checkbox"/> Hispanic <input type="checkbox"/> Portuguese <input type="checkbox"/> Other: _____	Ethnicity _____	Physician Name(s) _____		
Street Address _____		Apt/Suite # _____	Street Address _____		Apt/Suite # _____
City _____	State _____	Postal Code _____	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

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

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

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