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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#
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ICD-10 CODES

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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 MDL. I authorize MDL to be my Designated Representative and to appeal any denial of health benefits. I understand MDL may be out of network with my plan, and I accept responsibility for paying to MDL 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 MDL any money received from my health insurance company for performance of this laboratory test. I also allow the release of medical information

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 MDL upon request.

Patient Signature _____

Date _____

Physician Signature _____

Date _____

SPECIMEN COLLECTION

Date Collected: _____
 Time Collected: _____ AM / PM
 Temperature checked within 4 minutes of collection and is between 90 - 100 ° F or 32 - 38° C

Please select any drug or drug classes from the Definitive test menu, that might be relevant to Point of Care Test (POCT) screened positive and/or relevant to prescribed medication.

Pos.		Neg.		Pos.		Neg.		Pos.		Neg.	
<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

URINE DEFINITIVE TEST MENU

- | | | |
|--|---|---|
| <input type="checkbox"/> Amphetamines
Amphetamine
Methamphetamine

<input type="checkbox"/> D,L-Methamphetamine

<input type="checkbox"/> Methylphenidate metabolite
Ritalinic acid

<input type="checkbox"/> Antidepressants
Amitriptyline metabolite
Duloxetine
Fluoxetine
Paroxetine
Sertraline
Venlafaxine

<input type="checkbox"/> Anticonvulsants
<input type="checkbox"/> Gabapentin
<input type="checkbox"/> Pregabalin

<input type="checkbox"/> Sedative Hypnotics (Z-drugs) MDMA (Ecstasy)
Zaleplon
Zolpidem
Zopiclone/Eszopiclone | <input type="checkbox"/> Benzodiazepines 7-
Aminoclonazepam
α-Hydroxyalprazolam
α-Hydroxymidazolam
α-Hydroxytriazolam

Hydroxyethylflurazepam
Lorazepam
Nordiazepam
Oxazepam
Temazepam

<input type="checkbox"/> Spice-K2
JWH 122
JWH 210
JWH 250

<input type="checkbox"/> Illicit Common
Cocaine metabolite
Heroin metabolite | <input type="checkbox"/> Illicit Esoteric
25i-NBOMe
Carfentanyl
Flakka
Kratom

Krokodil
Levamisole
Psilocin
U-47700
W-18

<input type="checkbox"/> Ketamine

<input type="checkbox"/> Nicotine metabolite
Cotinine

<input type="checkbox"/> Muscle Relaxants
Cyclobenzaprine
metabolite
Meprobamate
(Carisoprodol metabolite)

<input type="checkbox"/> Buprenorphine
Buprenorphine
Norbuprenorphine |
| <input type="checkbox"/> Opiates and Opioids
Codeine
Morphine
Hydrocodone
Norhydrocodone
Hydromorphone
Naloxone
Naltrexone metabolite
Dextromethorphan
Meperidine metabolite

<input type="checkbox"/> Oxycodone and Metabolites
Oxycodone
Oxymorphone
Noroxycodone

<input type="checkbox"/> Methadone
Methadone
EDDP

<input type="checkbox"/> Norfentanyl (Fentanyl)
Fentanyl metabolite

<input type="checkbox"/> O-desmethyl-Tramadol | | |

NO POCT PERFORMED

If no POCT has been performed, please choose any of MDL offered screening panels from the menu below.

URINE PRESUMPTIVE (SCREENING) PANELS*			
Drug Screen9	Screen Only <input type="checkbox"/>	Confirm (+) results <input type="checkbox"/>	
Drug Screen13	Screen Only <input type="checkbox"/>	Confirm (+) results <input type="checkbox"/>	
Screen19	Screen Only <input type="checkbox"/>	Confirm (+) results <input type="checkbox"/>	

* Please see back of the requisition for the details on urine presumptive panels

ORAL FLUID DEFINITIVE TEST MENU

- | | | | |
|--|--|---|--|
| 1242 <input type="checkbox"/> Amphetamines
Amphetamine
Methamphetamine

1234 <input type="checkbox"/> Methylphenidate metabolite
Ritalinic acid | 1235 <input type="checkbox"/> Benzodiazepines
Alprazolam
Clonazepam
Diazepam
Lorazepam
Nordiazepam

1201 <input type="checkbox"/> Illicit
Cocaine
Heroin metabolite
Kratom | Midazolam
Temazepam

MDA
MDEA
MDMA
PCP

1226 <input type="checkbox"/> Ketamine
1213 <input type="checkbox"/> Buprenorphine | 1268 <input type="checkbox"/> Opiates and Opioids
Codeine
Morphine
Hydrocodone
Hydromorphone
Naltrexone metabolite

1239 <input type="checkbox"/> Oxycodone and Metabolites
Oxycodone
Oxymorphone
Noroxycodone |
| 1221 <input type="checkbox"/> Methadone
1222 <input type="checkbox"/> Fentanyl | Naloxone
Meperidine | | |

PRESCRIBED MEDICATIONS (check all that apply)

<input type="checkbox"/> Amphetamines Adderall Concerta Desoxyn Dexedrine Methylphenidate Ritalin Vyvanse <input type="checkbox"/> Anticonvulsants Neurontin Lyrica <input type="checkbox"/> Antidepressants Adapin Amitriptyline Coperin Cymbalta Cymgen	<input type="checkbox"/> Duloxetine <input type="checkbox"/> Effexor <input type="checkbox"/> Elavil <input type="checkbox"/> Fluoxetine <input type="checkbox"/> Pamelor <input type="checkbox"/> Butisol <input type="checkbox"/> Paxil <input type="checkbox"/> Prozac <input type="checkbox"/> Venlafaxine <input type="checkbox"/> Antipsychotics Seroquel <input type="checkbox"/> Barbiturates Amytal Butalbital Nembutal Phenobarbital Secobarbital	<input type="checkbox"/> Benzodiazepines Alprazolam Ativan Clonazepam Dalmane Flurazepam Halcion Klonopin Madar Midazolam Restoril Serax Triazolam Valium Versed Xanax	<input type="checkbox"/> Hypnotic Z-drugs Eszopiclone Sonata Stilnox Ambien Zimovane <input type="checkbox"/> Muscle Relaxants Carisoprodol Cyclobenzaprine Equanil Flexeril Meprobamate Miltown Soma <input type="checkbox"/> Opiates/Opioids Avinza Buprenorphine Butrans Codeine Darvocet	<input type="checkbox"/> Darvon <input type="checkbox"/> Demerol <input type="checkbox"/> Dilaudid <input type="checkbox"/> Dolophine <input type="checkbox"/> Duragesic <input type="checkbox"/> Embeda <input type="checkbox"/> Endocet <input type="checkbox"/> Fentanyl <input type="checkbox"/> Fentora <input type="checkbox"/> Hydrocodone <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Kadian <input type="checkbox"/> Lortab <input type="checkbox"/> Meperidine <input type="checkbox"/> Methadone <input type="checkbox"/> Morphine <input type="checkbox"/> MS Contin <input type="checkbox"/> MSIR <input type="checkbox"/> Naloxone <input type="checkbox"/> Naltrexone	<input type="checkbox"/> Norco <input type="checkbox"/> Nucynta <input type="checkbox"/> Numorphan <input type="checkbox"/> Opana <input type="checkbox"/> Oxy IR <input type="checkbox"/> Oxycodone <input type="checkbox"/> Oxycontin <input type="checkbox"/> Oxymorphone <input type="checkbox"/> Percodan <input type="checkbox"/> Percocet <input type="checkbox"/> Roxicet	<input type="checkbox"/> Others Roxicodone Ryzolt Sublimaze Suboxone Subutex Tapentadol Tramadol Ultram Vicodin Vicoprofen Vivitrol
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URINE PRESUMPTIVE (SCREENING) PANELS

Drug Screen 9
Amphetamines
Barbiturates
Benzodiazepines
Cannabinoids (THC)
Cocaine
Ethyl glucuronide (ETG)
Methadone
Opiates
PCP
Validity

Drug Screen 13
Amphetamines
Barbiturates
Benzodiazepines
Cannabinoids
Cocaine
Ecstasy (MDMA)
Ethyl glucuronide (ETG)
Ethanol
Methadone
Opiates
Oxycodone
PCP
Propoxyphene
Validity

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

MDL 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 (please complete with every requisition)

Insurance carriers limit coverage of drug testing to medically necessary and reasonable tests relevant to the individual patient's medical situation, regardless of the medical treatment setting. To facilitate communication of medical necessity of testing, please answer the questions below:

Please check-mark your selected answers	Y	N
I am unable to test for these drugs using a point of care (POC) immunoassay test cup. I need to identify a specific substance or metabolite that is inadequately detected by a presumptive drug test.		
I need to identify suspected use of non-prescribed medication or illicit drugs so that I may minimize the potential of patient harm and provide for safe prescribing of opioids or other controlled substances.		
Does the patient have a documented history of drug abuse?		
Has the patient been prescribed medications in any of the drug classes requested for testing?		
Is this test part of a baseline evaluation for a new patient (Yes) or an established patient who is being considered for chronic opioid therapy or other long-term therapy involving controlled substances (No)?		