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Oral Toxicology Test Requisition Form

Please attach a copy of the patient face sheet and insurance card.

Patient Information

Last Name	First Name	MI
DOB	Sex	
Address		
City	State	Zip
Phone Number		
ICD-10 Codes(s): <input type="checkbox"/> Z79.899 - Long term use of 'other' medications <input type="checkbox"/> Z79.891 - Opioids		
Other:		

Provider Information:

Consent to Testing and Use of Results: The specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my physician and/or Elite Lab. I authorize Elite Lab, or its designated agent ("agent"), to release the test results to the ordering practitioner.
Financial/Insurance Release: I authorize insurance payments to be made to Elite Labs or its agent for the laboratory services ordered by my practitioner. I authorize my physician and practice staff, as well as my insurance company (if any) to release to Elite Lab or its agent any information needed to determine benefits for laboratory services. I understand that Elite Labs may be out of network with my insurance and that I may be responsible for payment of any deductibles and/or co-insurance charges.

Patient Signature: _____ Date: _____

Prescribed Medications: Please attach patient medication list.

Please Mark

Oral Toxicology Confirmation

POC Results			LC MS/MS Confirmatory Testing			
	+	-				
AMP	<input type="checkbox"/>	<input type="checkbox"/>	6001 Stimulants	6004 Muscle Relaxers/ Sleeping Aids	6003 Opiates/Synthetics:	6009 Opioids
BAR	<input type="checkbox"/>	<input type="checkbox"/>	5505 Amphetamine	5531 Carisprodol	5509 Codeine	5520 Buprenorphine
BZO	<input type="checkbox"/>	<input type="checkbox"/>	6008 Amphetamines	5532 Meprobamate	5510 Morphine	5521 Norbuprenorphine
COC	<input type="checkbox"/>	<input type="checkbox"/>	5508 Methamphetamine	5533 Zolpidem	5511 Hydrocodone	5516 Fentanyl
THC	<input type="checkbox"/>	<input type="checkbox"/>	6002 Benzodiazepines	6006 Tricyclic Anti-Depressants	5512 Hydromorphone	5517 Norfentanyl
MTD	<input type="checkbox"/>	<input type="checkbox"/>	5523 Alprazolam	5530 Amitriptyline	5513 Oxycodone	5522 Methadone
MEMP	<input type="checkbox"/>	<input type="checkbox"/>	5529 Clonazepam	6007 Illicits/Others:	5514 Oxymorphone	5518 Tapentadol
OPI	<input type="checkbox"/>	<input type="checkbox"/>	5526 Oxazepam	5500 6-MAM	5515 Meperidine	5519 Tramadol
OXY	<input type="checkbox"/>	<input type="checkbox"/>	5524 Diazepam	5504 Benzoylcegonine		
PCP	<input type="checkbox"/>	<input type="checkbox"/>	5528 Temazepam	5503 Cocaine		
Others	<input type="checkbox"/>	<input type="checkbox"/>	5525 Lorazepam	5506 MDA		
			5527 Nordiazepam	5507 MDMA		
				5502 Phencyclidine (PCP)		
				5501 THC-COOH		

Specimen Information - ORAL SWAB ONLY

Time Collected: _____ Date Collected: _____

Collected By: _____

Physician Signature Date
Note: All tests ordered should be 'medically necessary' as defined by the OIG.