



Address: 6776 Southwest Freeway
Suite #620, Houston, TX 77074
CLIA – 45D1061571

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Urine 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): Z79.899 - Long term use of 'other' medications
 Z79.891 - Opioids
 Z91.14 - History of Noncompliance with Medical Treatment
 F19.20 - Unspecified Drug Dependence Unspecified Use

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 Clinical laboratory. I authorize Elite Clinical laboratory, 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 Clinical laboratory 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 Clinical laboratory or its agent any information needed to determine benefits for laboratory services. I understand that Elite Clinical laboratory 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

- Clinical Drug Screen and Confirmation Clinical Drug Screen Confirmation

Clinical Drug Screen

9001 Screen Panel	904 Buprenorphine	908 Opiates	9003 Validity Testing
901 Amphetamines	905 Cocaine Metabolites	909 Cannabinoids	912 Specific Gravity
902 Barbiturates	906 Ethanol	911 Ecstasy	914 pH
903 Benzodiazepines	907 Methadone		915 Urine Creatinine

POC Results		
	+	-
AMP	<input type="checkbox"/>	<input type="checkbox"/>
BAR	<input type="checkbox"/>	<input type="checkbox"/>
BZO	<input type="checkbox"/>	<input type="checkbox"/>
COC	<input type="checkbox"/>	<input type="checkbox"/>
THC	<input type="checkbox"/>	<input type="checkbox"/>
MTD	<input type="checkbox"/>	<input type="checkbox"/>
MEMP	<input type="checkbox"/>	<input type="checkbox"/>
OPI	<input type="checkbox"/>	<input type="checkbox"/>
OXY	<input type="checkbox"/>	<input type="checkbox"/>
PCP	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>

LC MS/MS Confirmatory Testing			
6001 Stimulants	6004 Muscle Relaxers/ Sleeping Aids	6003 Opiates/Synthetics:	6009 Opioids
610 Amphetamine	650 Carisprodol	625 Codeine	633 Buprenorphine
612 Methylphenidate	649 Gabapentin	626 Morphine	634 Norbuprenorphine
614 Phentermine	651 Ketamine	627 Hydrocodone	636 Fentanyl
6008 Amphetamines	635 Norketamine	629 Hydromorphone	637 Norfentanyl
611 Methamphetamine	652 Meprobamate	630 Oxycodone	640 Methadone
6002 Benzodiazepines	653 Pregabalin	632 Oxymorphone	641 EDDP
615 7-Aminoclonazepam	654 Zolpidem	638 Meperidine	642 Tapentadol
619 Nordiazepam	062 Cyclobenzaprine	639 Normeperidine	645 Tramadol
620 Oxazepam	6005 Barbiturates	6007 Illicits/Others:	6011 Alcohol
621 Temazepam	655 Butalbital	662 6-Acetyl-Morphine	633 Ethanol (ETS)
622 Lorazepam	658 Phenobarbital	663 Benzoylcegonine	
617 Alpha Hydroxyalprazolam	656 Pentobarbital/Amobarbital	664 MDA	
	6006 Tricyclic Anti-Depressants	665 MDMA	
	660 Amitriptyline	666 Phencyclidine (PCP)	
	661 Nortriptyline	667 THC-COOH	
		063 EtS	

Validity Testing: PH, specific gravity, and creatinine testing will be performed on all specimens.

Specimen Information	
Time Collected: _____	Date Collected: _____
Collected By: _____	

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