



Oral Toxicology Test Requisition Form

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

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 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

Other: _____

Patient Signature: _____ Date: _____

Prescribed Medications: Please attach patient medication list.

Please Mark

Oral Toxicology Confirmation

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 5505 Amphetamine	6004 Muscle Relaxers/ Sleeping Aids 5531 Carisprodol 5532 Meprobamate 5533 Zolpidem	6003 Opiates/Synthetics: 5509 Codeine 5510 Morphine 5511 Hydrocodone 5512 Hydromorphone 5513 Oxycodone 5514 Oxymorphone 5515 Meperidine	6009 Opioids 5520 Buprenorphine 5521 Norbuprenorphine 5516 Fentanyl 5517 Norfentanyl 5522 Methadone 5518 Tapentadol 5519 Tramadol
6008 Amphetamines 5508 Methamphetamine	6006 Tricyclic Anti-Depressants 5530 Amitriptyline	6007 Illicits/Others: 5500 6-MAM 5504 Benzoylcegonine 5503 Cocaine 5506 MDA 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.