Place Label Here

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CLIA#: 45D2063134
CLIA#: 45D2072790

LABORATORY DRUG TESTING REQUISITION

SAMPLE TYPE ☐ ORAL FLUID ☐ URINE ☐

PATIENT INFORMATION

Ordering Provider	Gender	Date
Patient Name	DOB	DOI (Work Comp Only)

DIAGNOSIS CODES – Please specify chief complaint, any additional complaints, and their diagnosis codes

Complaint 1 Diagnosis Code	Complaint 2 Diagnosis Code	Complaint 3 Diagnosis Code	Complaint 4 Diagnosis Code

LCMS TESTING MENU p61 – Identify with a check mark box (☑) all drug classes or individual drugs to be tested.

☐ **Opiates & Opioids** *(22)*
- ☐ Codeine
- ☐ Dihydrocodeine
- ☐ Hydrocodone
- ☐ Hydromorphone
- ☐ Morphine
- ☐ Naloxone
- ☐ Naltrexone
- ☐ Norhydrocodone
- ☐ Noroxycodone
- ☐ Noroxymorphone
- ☐ Oxycodone
- ☐ Oxymorphone
- ☐ Buprenorphine
- ☐ EDDP
- ☐ Fentanyl
- ☐ Meperidine
- ☐ Methadone
- ☐ Norbuprenorphine
- ☐ Norfentanyl
- ☐ O-Desmethyl-Cis-Tramadol
- ☐ Tapentadol
- ☐ Tramadol

☐ **Antidepressants** *(8)*
- ☐ Amitriptyline
- ☐ Desipramine
- ☐ Doxepin
- ☐ Fluoxetine
- ☐ Imipramine
- ☐ Nortriptyline
- ☐ Paroxetine
- ☐ Venlafaxine

☐ **Benzodiazepines/Sedatives** *(9)*
- ☐ 7-Aminoclonazepam
- ☐ Alpha-OH-Alprazolam
- ☐ Alprazolam
- ☐ Chlordiazepoxide
- ☐ Desalkylflurazepam
- ☐ Lorazepam
- ☐ Nordiazepam
- ☐ Oxazepam
- ☐ Temazepam

☐ **Muscle Relaxants** *(3)*
- ☐ Carisoprodol
- ☐ Cyclobenzaprine
- ☐ Meprobamate

☐ **Stimulants** *(6)*
- ☐ Amphetamine
- ☐ MDMA
- ☐ MDPV
- ☐ Methamphetamine *
- ☐ Methylphenidate
- ☐ Ritalinic Acid

☐ **Illicits** *(5)*
- ☐ 6-MAM
- ☐ Benzoylecgonine
- ☐ Ketamine
- ☐ Norketamine
- ☐ Phencyclidine

☐ **Illicits + Alkaloids & Cannabinoids** *(8)*
- ☐ 6-MAM
- ☐ Benzoylecgonine
- ☐ Ketamine
- ☐ Norketamine
- ☐ Phencyclidine
- ☐ Cotinine
- ☐ Nicotine
- ☐ THC

☐ **Anti-epileptics** *(2)*
- ☐ Gabapentin
- ☐ Pregabalin

☐ **Sedative Hypnotics** *(3)*
- ☐ Zaleplon
- ☐ Zopiclone
- ☐ Zolpidem

☐ **Alcohol** *(2)*
- ☐ Ethyl Glucuronide
- ☐ Ethyl Sulfate

☐ **Barbiturates** *(6)*
- ☐ Amobarbital
- ☐ Butabarbital
- ☐ Butalbital
- ☐ Pentobarbital
- ☐ Phenobarbital
- ☐ Secobarbital

** D&L Methamphetamine performed for any positive methamphetamine*

☐ URINARY TRACT PANEL/STD

- ☐ Enterococcus faecalis
- ☐ Enterococcus faecium
- ☐ Klebsiella pneumoniae
- ☐ Escherichia coli
- ☐ Pseudomonas aeruginosa
- ☐ Proteus mirabilis
- ☐ Staphylococcus aureus
- ☐ Candida albicans
- ☐ Candida parapsilosis
- ☐ Candida glabrata
- ☐ Candida tropicalis
- ☐ Streptococcus agalactiae (group B)
- ☐ Streptococcus pyogenes (group A)
- ☐ Trichophyton species
- ☐ Chlamydia trachomatis
- ☐ Neisseria gonorrhocae

☐ ANTIBIOTIC RESISTANCE GENES

- ☐ Aminoglycoside (ant-la, aph3)
- ☐ Beta Lactamase (TEM and SHV)
- ☐ Carbapenem (KPC, NDM, OXA48)
- ☐ Fluoroquinolone (qnr, gyrA)
- ☐ Tetracycline (tetB and tetM)

PROVIDER'S ORDERS

☐	Perform qualitative analysis only.
☐	Perform quantitative analysis only.
☐	Perform qualitative and quantitative analysis.

SAMPLE INFORMATION

TIME	AM / PM	Temperature checked within 4 minutes of collection and between 90-100° F or 32-38° C?
DATE		
COLLECTOR		☐ Yes ☐ No

☐ MEDICATION LIST ATTACHED, or list prescribed medications below.

PROVIDER'S SIGNATURE

Provider's testing orders are identified with a check marked box (☑) above for testing by Advanta Analytical Laboratories and/or its affiliated reference laboratories (CLIA#: 45D2063134, CLIA#: 23D0650582). By my signature, I certify the testing is medically necessary.

Provider's Signature	Date

PATIENT CONSENT

I verify that I am providing Advanta Analytical Laboratories and affiliated reference laboratories (CLIA#: 45D2063134, CLIA#: 23D0650582) with a sample of my urine, blood or oral fluid for the purpose of testing.

Patient Signature	Date