



3860 Teays Valley Road, Hurricane, WV 25526
 Phone: (304) 757-9982; Fax: (304) 945-9093
 Email: info@medtestlabs.com; www.medtestlabs.com

Requisition Form: Toxicology

1) PHYSICIAN/PRACTICE		2) PATIENT INFORMATION	
Physician's Name [Last, First]	Signature	Patient's Name [Last, First, Middle]	
Medicare/Medicaid/Insurance will pay only for tests that meet the coverage criteria and are reasonable and necessary to treat or diagnose an individual patient.		Address	
		City/State/Zip	Phone
		<input type="checkbox"/> M <input type="checkbox"/> F	SS#
		Date of Birth MM/DD/YYYY	

3) DIAGNOSIS CODE/S	4) BILLING INFORMATION
	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Insurance <input type="checkbox"/> Practice <input type="checkbox"/> Patient

5) INSURANCE INFORMATION: Please attach a copy of insurance card (Both sides)		
Insured Name [if not self]: Last, First	Insured SS# [if not self]	Insured DOB [if not self] MM/DD/YYYY
Insured Address [if not self]	Insurance Co. Name	Member Policy/Insured ID #
City/State/Zip [if not self]	Group #	Employer/Group Name

6) TESTING REQUEST	7) SPECIMEN VALIDITY <input type="checkbox"/> Perform <input type="checkbox"/> Do Not Perform
<input type="checkbox"/> Screen <input type="checkbox"/> Confirmation <input type="checkbox"/> Screen and Confirmation <input type="checkbox"/> Custom Panel	<input type="checkbox"/> Creatinine <input type="checkbox"/> pH <input type="checkbox"/> Specific gravity <input type="checkbox"/> Oxidants

Prescription Drugs	Rx	Prescription Drugs	Rx	Non-Prescription/Illicit Drugs	8) Point-of-Care Test Results
<input type="checkbox"/> Barbiturates		<input type="checkbox"/> Other Drugs		<input type="checkbox"/> 6-Acetylmorphine (Heroin)	<input type="checkbox"/> No POTC performed
<input type="checkbox"/> Amobarbital	<input type="checkbox"/>	<input type="checkbox"/> Fluoxetine	<input type="checkbox"/>	<input type="checkbox"/> Alcohol, Ethyl	Perform EIA Screen & confirm positive
<input type="checkbox"/> Butabarbital	<input type="checkbox"/>	<input type="checkbox"/> Gabapentin	<input type="checkbox"/>	<input type="checkbox"/> Alcohol Metabolites (EtG/EtS)	<input type="checkbox"/> Record POTC results
<input type="checkbox"/> Butalbital	<input type="checkbox"/>	<input type="checkbox"/> Pregabalin	<input type="checkbox"/>	<input type="checkbox"/> Cannabinoid (THC)/Marijuana	Mark analyte be confirmed and quantify
<input type="checkbox"/> Pentobarbital	<input type="checkbox"/>	<input type="checkbox"/> Sertraline	<input type="checkbox"/>	<input type="checkbox"/> Cathinones (Bath Salts)	Conf/Quan Negative Positive
<input type="checkbox"/> Phenobarbital	<input type="checkbox"/>	<input type="checkbox"/> Zaleplon	<input type="checkbox"/>	<input type="checkbox"/> Cocaine	<input type="checkbox"/> AMP <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Secobarbital	<input type="checkbox"/>	<input type="checkbox"/> Zolpidem	<input type="checkbox"/>	<input type="checkbox"/> Ketamine	<input type="checkbox"/> BAR <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Benzodiazepines		<input type="checkbox"/> Zopiclone	<input type="checkbox"/>	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> BZO <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Alprazolam	<input type="checkbox"/>	<input type="checkbox"/> Stimulants		<input type="checkbox"/> MDMA (Ecstasy)	<input type="checkbox"/> COC <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Clonazepam	<input type="checkbox"/>	<input type="checkbox"/> Amphetamine	<input type="checkbox"/>	<input type="checkbox"/> Mitragynine (Kratom)	<input type="checkbox"/> MET <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Diazepam	<input type="checkbox"/>	<input type="checkbox"/> Methylphenidate	<input type="checkbox"/>	<input type="checkbox"/> Nicotine (Cotinine)	<input type="checkbox"/> MDMA <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Lorazepam	<input type="checkbox"/>	<input type="checkbox"/> Tricyclic Antidepressants		<input type="checkbox"/> Phencyclidine (PCP)	<input type="checkbox"/> MTD <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Oxazepam	<input type="checkbox"/>	<input type="checkbox"/> Amitriptyline	<input type="checkbox"/>	<input type="checkbox"/> Synthetic Cannabinoids (k2/Spice)	<input type="checkbox"/> OPI <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Temazepam	<input type="checkbox"/>	<input type="checkbox"/> Desipramine	<input type="checkbox"/>		<input type="checkbox"/> OXY <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Muscle Relaxants		<input type="checkbox"/> Doxepin	<input type="checkbox"/>		<input type="checkbox"/> PCP <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Carisoprodol	<input type="checkbox"/>	<input type="checkbox"/> Imipramine	<input type="checkbox"/>		<input type="checkbox"/> TCA <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Meprobamate	<input type="checkbox"/>	<input type="checkbox"/> Nortriptyline	<input type="checkbox"/>		<input type="checkbox"/> THC <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Opiates		Custom Test Panels/Others/Comments			
<input type="checkbox"/> Codeine	<input type="checkbox"/>				
<input type="checkbox"/> Hydrocodone	<input type="checkbox"/>				
<input type="checkbox"/> Hydromorphone	<input type="checkbox"/>				
<input type="checkbox"/> Morphine	<input type="checkbox"/>				
<input type="checkbox"/> Oxycodone	<input type="checkbox"/>				
<input type="checkbox"/> Oxymorphone	<input type="checkbox"/>				
<input type="checkbox"/> Opioids					
<input type="checkbox"/> Buprenorphine	<input type="checkbox"/>				
<input type="checkbox"/> Fentanyl	<input type="checkbox"/>				
<input type="checkbox"/> Meperidine	<input type="checkbox"/>				
<input type="checkbox"/> Methadone	<input type="checkbox"/>				
<input type="checkbox"/> Tapentadol	<input type="checkbox"/>				
<input type="checkbox"/> Tramadol	<input type="checkbox"/>				

9) Prescription Information	
<input type="checkbox"/> Medication Sheet Attached	<input type="checkbox"/> Patient Reports "No Medication"

10) SPECIMEN COLLECTION INFORMATION:			
Collector's Name	Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM

11) **Patient Authorization:** 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 MedTest Laboratories/healthcare provider. I authorize MedTest Laboratories to release the test results to the ordering physician. I authorize insurance payment to be made to MedTest Laboratories for the services ordered by the physician and authorize the release to my insurance provider any medical information necessary to process this claim. I understand that I am responsible for payment of any deductibles or co-insurance charges. If the patient box is checked, I accept full financial responsibility for payment associated with these laboratory services.

Patients Signature:

Date:

REQUISITION FORM INSTRUCTIONS

It is important that all information on the requisition is filled out accurately as it directly impact the billing, testing and final report.

Please fill the following sections;

1) Notice to Ordering Physician: Provider must order only those tests that are medically necessary and on the basis of patient's clinical condition. Provider must submit the diagnosis information for all test ordered, and medical necessity should be documented in the patient's medical record. Medicare, Medicaid, and other insurance companies will only pay for tests that meet the payer's coverage criteria and are reasonable and necessary to treat or diagnose the patient. **Note:** Medicare generally does not cover routine screening tests.

2) Complete the Patient Information Section: Patient Name, Address, Date of Birth, Sex, Social Security Number must be provided to process and test the sample.

3) Diagnostic Codes: Must be provided as recorded in the patient's chart.

4) Billing Information: Please indicate billing information.

5) Insurance Information: Attach all Insurance Information including face sheets, copy of insurance cards, and accidental/Worker's Compensation forms if applicable. Please provide addition details if patient is not the primary insurance holder.

6) Testing Request: Please indicate if screen by Enzyme Immunoassay (EIA) or confirmation and quantification by Liquid Chromatography with Tandem Mass Spectroscopy (LC-MS/MS) or both is required. Indicate requested tests including additional tests or custom panels. Additional tests not mentioned in this requisition can also be ordered.

7) Specimen Validity: If requested or necessary will be performed by testing Creatinine/Oxidants/pH/Specific Gravity.

8) Point-of-Care Results: If POCT is being performed; mark results and indicate any EIA screen or confirmation done.

AMP: Amphetamine

BAR: Barbiturates

BZO: Benzodiazepines

COC: Cocaine Metabolites

MTD: Methadone

MET: Methamphetamine

MDMA: Methylenedioxyamphetamine

OPI: Opiates

OXY: Oxycodone

PCP: Phencyclidine

THC: Tetrahydrocannabinol (Cannabinoid/Marijuana)

TAC: Tricyclic Antidepressants

BUP: Buprenorphine

PPX: Propoxyphene

9) Prescription Information: Provide information on all the medication physician has prescribed. A medication sheet can be attached. Please indicate if patient reports "No-Medication"

10) Specimen Collection and Collector's Information: All specimen containers must be submitted with two identifier marked onto the physical specimen container that can be linked backed to the requisition (e.g., patient name, date of birth, requisition number or social security number). Collector should provide information and date and time specimen is collected.

11) Patient Authorization: Patient's consent and signature is required.

Specimen Handling/Transport/Shipping: Specimen container should be sealed, place in bag along with absorbent. Requisition form must be included in the shipping/transport package. To avoid specimen leakage please ensure cap is securely closed/tightened before placing in the specimen bag. Please separate paperwork from specimen within the two pouches of the specimen bag.

Please call MedTest Laboratories for collection instruction or to schedule specimen pick-up/shipping instructions.

All laboratory procedures will be billed to the third party carriers (including Medicare and Medicaid) at fees billed to patient, and in accordance with the specific CPT coding required by the carrier. Test components of panels are listed above and may be ordered individually. Components may be billed separately per carrier policy. All reflex testing will be done at an additional charge.