

**APC Health**2817 Miller Ranch Rd. Ste. 317, Pearland, TX 77584  
Phone: (281) 240-0974 Fax: 1-844-604-0145

CLIA # 45D2111506

Director's Name: Chesinta B. Voma, Ph.D.

**Specimen ID**  
**14995**

Practice Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

NPI: \_\_\_\_\_

**Patient Demographics**Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male ☐ Female ☐  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tel \_\_\_\_\_**Insurance**Bill ☐ Self-Pay ☐ W/C Date of Injury \_\_\_\_\_  
☐ Commercial Insurance ☐ Medicare/Medicaid  
Carrier \_\_\_\_\_  
Policy # \_\_\_\_\_  
Group # \_\_\_\_\_  
Insurance Sheet Attached? Y/N Second Insurance Sheet Attached? Y/N  
Subscriber Name (Print) \_\_\_\_\_  
Subscriber DOB \_\_\_\_\_ Relationship to patient \_\_\_\_\_Sample Type: ☐ Urine ☐ Oral

Please select panel or individual drug

Prescription Drugs	Confirm	Prescription Drugs	Confirm
<b>STIMULANTS</b>	<input type="checkbox"/>	<b>OPIOIDS/OPIATES</b>	<input type="checkbox"/>
Amphetamine	<input type="checkbox"/>	Codeine	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	Morphine	<input type="checkbox"/>
Ritalinic Acid	<input type="checkbox"/>	Hydrocodone	<input type="checkbox"/>
Phentermine	<input type="checkbox"/>	Hydromorphone	<input type="checkbox"/>
Methylphenidate	<input type="checkbox"/>	Norhydrocodone	<input type="checkbox"/>
		Oxycodone	<input type="checkbox"/>
<b>BENZODIAZEPINES</b>	<input type="checkbox"/>	Oxymorphone	<input type="checkbox"/>
Alprazolam	<input type="checkbox"/>	Noroxycodone	<input type="checkbox"/>
Alpha-Hydroxylprazolam	<input type="checkbox"/>	Fentanyl	<input type="checkbox"/>
Nordiazepam	<input type="checkbox"/>	Norfentanyl	<input type="checkbox"/>
Oxazepam	<input type="checkbox"/>	Buprenorphine	<input type="checkbox"/>
Lorazepam	<input type="checkbox"/>	Norbuprenorphine	<input type="checkbox"/>
Temazepam	<input type="checkbox"/>	Propoxyphene	<input type="checkbox"/>
7-Aminoclonazepam	<input type="checkbox"/>	Naloxone	<input type="checkbox"/>
Diazepam	<input type="checkbox"/>	Tramadol	<input type="checkbox"/>
Clonazepam	<input type="checkbox"/>	Meperidine	<input type="checkbox"/>
		Normeperidine	<input type="checkbox"/>
<b>BARBITURATES</b>	<input type="checkbox"/>	Tapentadol	<input type="checkbox"/>
Butalbital	<input type="checkbox"/>	Methadone	<input type="checkbox"/>
Pentobarbital	<input type="checkbox"/>	EDDP	<input type="checkbox"/>
Secobarbital	<input type="checkbox"/>	Naltrexone	<input type="checkbox"/>
Phenobarbital	<input type="checkbox"/>	Ketamine	<input type="checkbox"/>
<b>ILLCITS</b>	<input type="checkbox"/>	<b>ANTIDEPRESSANTS</b>	<input type="checkbox"/>
MDMA (Ecstasy)	<input type="checkbox"/>	Fluoxetine	<input type="checkbox"/>
MDA	<input type="checkbox"/>	Duloxetine	<input type="checkbox"/>
MDEA	<input type="checkbox"/>	Amitriptyline	<input type="checkbox"/>
Phencyclidine (PCP)	<input type="checkbox"/>	Nortriptyline	<input type="checkbox"/>
6-AM (Heroin)	<input type="checkbox"/>	Desipramine	<input type="checkbox"/>
Benzoylcegonine (Cocaine)	<input type="checkbox"/>	Imipramine	<input type="checkbox"/>
THC - COOH (Cannabinoids)	<input type="checkbox"/>	Doxepin	<input type="checkbox"/>
<b>ALCOHOL BIOMARKERS</b>	<input type="checkbox"/>	<b>OTHERS</b>	<input type="checkbox"/>
Ethyl Glucuronide (ETG)	<input type="checkbox"/>	Zolpidem	<input type="checkbox"/>
Ethyl Sulfate (ETS)	<input type="checkbox"/>	Gabapentin	<input type="checkbox"/>
		Pregabalin	<input type="checkbox"/>
<b>MUSCLE RELAXANTS</b>	<input type="checkbox"/>	Zaleplon	<input type="checkbox"/>
Carisoprodol	<input type="checkbox"/>	Zopiclone	<input type="checkbox"/>
Meprobamate	<input type="checkbox"/>	Cotinine	<input type="checkbox"/>
Cyclobenzaprine	<input type="checkbox"/>		
		<b>CUSTOM PANEL</b>	<input type="checkbox"/>

**DATE OF SERVICE**

Time \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Diagnosis codes**


ALL THE HEADERS IN RED MUST BE FILLED

PASTE BARCODE HERE

**Patient Signature**

Insurance release/consent: The specimen identified on this form is my own. I have not adulterated it any way. I am voluntarily submitting this specimen for analysis by my physician and/or a third party lab. I authorize the lab to release the results of this test to the ordering physician. The lab is authorized to bill my insurance provider and to receive payment of benefits for the tests my physician orders. I further authorize the lab and my physician to release to my insurance provider and medical information necessary to process this claim.

X \_\_\_\_\_ Patient signature \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

**Authorized Provider Signature**

I certify that all tests requested on this requisition are medically necessary for this patient and meet the standard of care, and that the full and appropriate diagnosis codes are indicated.

X \_\_\_\_\_ Print Name \_\_\_\_\_ X \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

**Prescribed Medication**

NOTE: Indicating a medication below DOES NOT constitute a test request.

<input type="checkbox"/> Actig (Fentanyl)	<input type="checkbox"/> Miltown (Meprobamate)
<input type="checkbox"/> Adderall (Amphetamine)	<input type="checkbox"/> Morphine Sulfate (Morphine)
<input type="checkbox"/> Adipex (Phentermine)	<input type="checkbox"/> MS Contin (Morphine)
<input type="checkbox"/> Ambien (Zolpidem)	<input type="checkbox"/> MSIR (Morphine)
<input type="checkbox"/> Amrix (Cyclobenzaprine)	<input type="checkbox"/> Narcan (Naloxone)
<input type="checkbox"/> Ativan (Lorazepam)	<input type="checkbox"/> Neurontin (Gabapentin)
<input type="checkbox"/> Avinza (Morphine)	<input type="checkbox"/> Norco (Hydrocodone)
<input type="checkbox"/> Benzphetamine (Methamphetamine)	<input type="checkbox"/> Norpramin (Desipramine)
<input type="checkbox"/> Buprenex (Buprenorphine)	<input type="checkbox"/> Nucynta (Tapentadol)
<input type="checkbox"/> Butrans (Buprenorphine)	<input type="checkbox"/> Numorphan (Oxymorphone)
<input type="checkbox"/> Celexa (Citalopram)	<input type="checkbox"/> Opana (Oxymorphone)
<input type="checkbox"/> Cymbalta (Duloxetine)	<input type="checkbox"/> Oramorph (Morphine)
<input type="checkbox"/> Darvon (Propoxyphene)	<input type="checkbox"/> Oxycontin (Oxycodone)
<input type="checkbox"/> Demerol (Meperidine)	<input type="checkbox"/> OxyIR (Oxycodone)
<input type="checkbox"/> Desoxyn (Methamphetamine)	<input type="checkbox"/> Pamelor (Nortriptyline)
<input type="checkbox"/> Dexedrine (Amphetamine)	<input type="checkbox"/> Percocet (Oxycodone)
<input type="checkbox"/> DHC Plus (Dihydrocodeine)	<input type="checkbox"/> Percodan (Oxycodone)
<input type="checkbox"/> Didrex (Methamphetamine)	<input type="checkbox"/> Percolone (Oxycodone)
<input type="checkbox"/> Dilaudid (Hydromorphone)	<input type="checkbox"/> Prozac (Fluoxetine)
<input type="checkbox"/> Dolophine (Methadone)	<input type="checkbox"/> Restoril (Temazepam)
<input type="checkbox"/> Duragesic (Fentanyl)	<input type="checkbox"/> Revia (Naltrexone)
<input type="checkbox"/> Duramorph (Morphine)	<input type="checkbox"/> Ritalin (Methylphenidate)
<input type="checkbox"/> Effexor (Venlafaxine)	<input type="checkbox"/> Roxanol (Morphine)
<input type="checkbox"/> Elavil (Amitriptyline)	<input type="checkbox"/> Roxicodone (Oxycodone)
<input type="checkbox"/> Endocet (Oxycodone)	<input type="checkbox"/> Serax (Oxazepam)
<input type="checkbox"/> Esigic (Butalbital)	<input type="checkbox"/> Soma (Carisoprodol)
<input type="checkbox"/> Exalgo (Hydromorphone)	<input type="checkbox"/> Suboxone (Buprenorphine and Naloxone)
<input type="checkbox"/> Fentora (Fentanyl)	<input type="checkbox"/> Subutex (Buprenorphine)
<input type="checkbox"/> Fioricet (Butalbital)	<input type="checkbox"/> Synalogs DC (Dihydrocodeine)
<input type="checkbox"/> Fiorinal (Butalbital)	<input type="checkbox"/> Tofranil (Imipramine)
<input type="checkbox"/> Flexeril (Cyclobenzaprine)	<input type="checkbox"/> Tussionex (Hydrocodone)
<input type="checkbox"/> Gralise (Gabapentin)	<input type="checkbox"/> Tylenol #3 (Codeine)
<input type="checkbox"/> Horizant (Gabapentin)	<input type="checkbox"/> Tylenol #4 (Codeine)
<input type="checkbox"/> Kadian (Morphine)	<input type="checkbox"/> Tylox (Oxycodone)
<input type="checkbox"/> Klonopin (Clonazepam)	<input type="checkbox"/> Ultracet (Tramadol)
<input type="checkbox"/> Lexapro (Escitalopram)	<input type="checkbox"/> Ultram (Tramadol)
<input type="checkbox"/> Lorcet (Hydrocodone)	<input type="checkbox"/> Valium (Diazepam)
<input type="checkbox"/> Lortab (Hydrocodone)	<input type="checkbox"/> Vicodin (Hydrocodone)
<input type="checkbox"/> Lunesta (Zopiclone)	<input type="checkbox"/> Vicoprofen (Hydrocodone)
<input type="checkbox"/> Lyrica (Pregabalin)	<input type="checkbox"/> Vyvanse (Amphetamine)
<input type="checkbox"/> Marinol (THC)	<input type="checkbox"/> Xanax (Alprazolam)
<input type="checkbox"/> Maxidone (Hydrocodone)	<input type="checkbox"/> Zohydro (Hydrocodone)
<input type="checkbox"/> Methadose (Methadone)	<input type="checkbox"/> Zydane (Hydrocodone)
<input type="checkbox"/> No Drugs Prescribed	

Additional Requests

Comments

POS Drug Screen Cup Results  
Read from cup and only  
CHECK POSITIVES
☐ Marijuana (THC)  
☐ Cocaine (COC)  
☐ Phencyclidine (PCP)  
☐ Amphetamine (AMP)  
☐ Ecstasy (MDMA)  
☐ Methamphetamine (Mamp)  
☐ Opiates (OPI)  
☐ Oxycodone (OXY)  
☐ Methadone (MTD)  
☐ Barbiturates (BAR)  
☐ Benzodiazepines (BZO)  
☐ Buprenorphine (BUP)  
☐ Tricyclic Antidepressants (TCA)  
☐ Propoxyphene (PPX)

Reflex testing is performed when qualitative results are positive. All quantitative results are reported when substances are detected above the minimum detection.

Any substance previously determined abnormal will be re-tested to confirm compliance. Synergistic relationships between analytes will be reported when prescriptions are confirmed for patient safety.

\*All samples will be tested for the validity. \*\* Confirmation by LC/MS involves both drugs and it's Metabolites, and all incidental positives from confirmations will be reported

Rev.2017-8-1