CENTRAL CLINICAL LABS

P 844.990.1335 | F 855-631-0414 | ccllabs.com

Account Name: _____ **Account #:** _____

Collection Information:[2]

Collection Date _____ Collection Time _____

Was the temperature checked within **4 minutes** of collection and is between **90—100ºF or 32—38ºC**?

☐ Yes ☐ No, Actual Temperature_____ ☐ Not Measured

Patient Information: (Please Print)

Patient Last Name _____ Patient First Name _____

Date of Birth _____ Phone # _____ Sex: ☐ Male ☐ Female

Address _____

City _____ State _____ Zip _____ Room/Bed# _____

Insurance Name _____ Bill to: ☐ Client ☐ Insurance

ID# _____ Group _____

Patient Consent:

I certify that I have voluntarily provided a fresh unadulterated urine specimen for analytical testing. The information provided on this form and on the label affixed to the specimen bottle is accurate. I authorize Central Clinical Laboratories to release the results of this testing to the treating physician or facility. I hereby authorize my insurance benefits to be paid directly to Central Clinical Laboratories for services I received. I am also aware that in some circumstances my insurer will send the payment directly to me. I agree to endorse the insurance check and forward it to Central Clinical Laboratories within 30 days of the receipt. Failure to do so may result in my account being forwarded to Collections and reported to a Credit Bureau. I understand that Central Clinical Laboratories may use the specimen, and any testing performed on that specimen, for research, development, and potential publication purposes, so long as the information has been property de-identified pursuant to the law.

SIGNATURE_____

Provider Written Authorization:

I am authorized to order laboratory tests and hereby order the tests indicated below. I confirm these test(s) are medically necessary for the treatment of the patient.I supplied accurate and true information on this form. I am aware information has been supplied to the patient about drug testing and that the patient has consented to the testing through his/her signature on this form. I understand that it is my responsibility to document medical necessity for testing in the patient record and to provide a copy of the same to CENTRAL CLINICAL LABS or their affiliates upon request.

PROVIDER SIGNATURE _____

PRINTED NAME _____

Standing Order (Check and select frequency below)

☐ Weekly ☐ Monthly ☐ Other:_____

Diagnosis Codes (ICD-10)[3]

- ☐ F11.20 Opioid dependence, uncomplicated
- ☐ F19.20 Other psychoactive substance dependence
- ☐ F41.9 Anxiety disorder, unspecified
- ☐ R41.82 Altered mental status, unspecified
- ☐ Z03.89 Encounter for observation for other suspected diseases
- ☐ Z79.891 Long term (current) use of opiate analgesic
- ☐ Z79.899 Other long term (current) drug therapy
- ☐ Other: _____

Patient Medications

☐ Adderall	☐ Citalopram	☐ Fentanyl	☐ Ketamine	☐ Morphine	☐ Paroxetine	☐ Suboxone	☐ Vicodin
☐ Alprazolam	☐ Clonazepam	☐ Fentora	☐ Klonopin	☐ Naltrexone	☐ Phenobarbital	☐ Tapentadol	☐ Xanax
☐ Ambien	☐ Cyclobenzaprine	☐ Fiorinal	☐ Lorazepam	☐ Nortriptyline	☐ Pregabalin	☐ Temazepam	☐ Zolpidem
☐ Buprenorphine	☐ Diazepam	☐ Fluoxetine	☐ Marijuana	☐ Oxycodone	☐ Restoril	☐ Tramadol	☐ _____
☐ Bupropion	☐ Dilaudid	☐ Gabapentin	☐ Methadone	☐ Oxycontin	☐ Ritalin	☐ Trazadone	☐ _____
☐ Butalbital	☐ Elavil	☐ Hydromorphone	☐ Methylphenidate	☐ Oxymorphone	☐ Sertraline	☐ Venlafaxine	☐ _____

Screening Panels[4,5]

☐ **Presumptive Urine Drug Screen w/ Reflex (12-Panel)**
Amphetamine, Barbiturates, Benzodiazepines, Buprenorphine, Cannabis (THC), Cocaine, Ecstasy, Fentanyl, Methadone, Opiates, Oxycodone, Phencyclidine

☐ **Presumptive Urine Drug Screen Only (12-Panel)**
Amphetamine, Barbiturates, Benzodiazepine, Buprenorphine, Cannabis (THC), Cocaine, Ecstasy, Fentanyl, Methadone, Opiates, Oxycodone, Phencyclidine

☐ **Presumptive Urine Drug Screen w/ Reflex (15-Panel)**
All drugs above + 6-MAM, ETOH, Tramadol

☐ **Presumptive Urine Drug Screen Only (15-Panel)**
All drugs above + 6-MAM, ETOH, Tramadol

Patient Risk Assessment

Optional, informational purposes only

☐ Low Risk
☐ Moderate Risk
☐ High Risk
☐ New Patient
☐ Other:_____

Urine Drug Confirmation Test Menu

☐ **Antidepressants**[7]
- Bupropion
- Hydroxybupropion
- Trazodone
- Venlafaxine
- O-Desmethylvenlafaxine
- Amitriptyline
- Nortriptyline
- Doxepin
- Desipramine
- Citalopram
- N-Desmethylcitalopram
- Duloxetine
- Fluoxetine
- Paroxetine
- Sertraline

☐ **ADHD**[7]
- Methylphenidate
- Ritalinic Acidd

☐ **Amphetamines**[7]
- Amphetamine
- Methamphetamine
- MDMA

☐ **Alkaloids**[7]
- Mitragynine (Kratom)
- Nicotine
- Cotinine

☐ **Benzodiazepines**[7]
- Alprazolam
- Hydroxyalprazolam
- Clonazepam
- Aminoclonazepam
- Diazepam
- Nordiazepam
- Temazepam
- Oxazepam
- Lorazepam

☐ **Muscle Relaxant**[7]
- Carisoprodol
- Cyclobenzaprine
- Meprobamate
- Pregabalin
- Gabapentin

☐ **Illicit**[7]

☐ **-6-MAM**

☐ **Cocaine Metabolite**
- Benzoylecgonine

☐ **Phencyclidine (PCP)**

☐ **Cannabinoids**[7]
- THC-COOH
- JWH-018
- JWH-073

☐ **Opioids/Opiates**[7]

☐ **Buprenorphine**[7]
- Buprenophine
- Norbuprenorphine

☐ **Fentanyl**[7]
- Sufentanil
- Fentanyl
- Norfentanyl

☐ **Methadone**[7]
- EDDP
- Methadone

☐ **Opiates**[7]
- Codeine
- Hydromorphone
- Morphine
- Hydrocodone
- Norhydrocodone
- Thebaine

☐ **Opioids and Opiate Analogs**[7]
- Dextromethorphan
- Meperidine
- Naloxone
- Naltrexone
- Normeperidine

☐ **Oxycodone**[7]
- Oxycodone
- Noroxycodone
- Oxymorphone

☐ **Tapentadol**

☐ **Tramadol**[7]
- O-Desmethyltramadol
- Tramadol

☐ **Full Confirmation Panel**[6] **— All Drugs/Metabolites Above**

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Footnotes

[1] CCL has the ability to provide Mobile pickup services at patient home in certain geographic areas, talk to your Account Manager, to see if this will be a best fit for your needs.

[2] Collection of specimens per the CLIA guidelines & Chain of custody requirements is imperative to produce good results. Please refer to the appropriate federal, state, and local requirements.

[3] The following diagnosis codes are listed as a convenience only. Ordering physicians should use the ICD-10 code that best describes the reason for performing the test, whether or not that code is listed below.

[4] Qualitative enzyme immunoassay (EIA) method is used to run all screening tests. All screenings are automatically performed with specimen validity panel (Creatinine, Specific Gravity, pH, and Oxidants).

[5] UDS test should be ordered if the healthcare provider determines it is medically necessary to have the information that initial in-house POCT* testing, if performed, alone will not provide.

[6] LC/MS method: Definitive/Quantitative confirmation by Chromatography-mass spectrometry (LC/MS) should only be ordered if the healthcare provider determines it is medically necessary to have the initial immunoassay testing alone will not provide.

Definitive Testing for HCPCS Description

Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, including metabolite(s) if performed.

[7] By marking a definitive/confirmation test at the drug family level, all analytes will be tested.

Reflex Testing Map**

6-MAM	6-MAM	**ETOH**	EtG, EtS
Amphetamines	Amphetamines Drugs of Abuse	**Methadone**	Methadone, EDDP
Barbiturates	Butalbital and Phenobarbital	**Opiates**	Opiate Drugs of Abuse
Benzodiazepines	Benzodiazepines Drugs of Abuse	**Oxycodone**	Oxycodone Drugs of Abuse
Buprenorphine	Buprenorphine Drugs of Abuse	**PCP**	Phencyclidine
Cannabis (THC)	Cannabis Drugs of Abuse	**Fentanyl**	Fentanyl Drugs of Abuse
Cocaine	Benzoylecgonine	**Tramadol**	Tramadol Drugs of Abuse
Ecstacy	MDMA		

*POCT: Point-of-care testing
**LCD: (https://www.cms.gov/):

Reflex testing under the following circumstances is reasonable and necessary by Reference Laboratories:

- To verify a presumptive positive UDT using definitive methods that include, but are not limited to GC- MS or LC-MS/MS before reporting the presumptive finding to the ordering clinician and without an additional order from the clinician; OR
- To confirm the absence of prescribed medications when a negative result is obtained by presumptive UDT in the laboratory