

CENTRAL CLINICAL LABS

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FACILITY INFORMATION						PROVIDER INFORMATION		
FACILITY/CLINIC NAME ACCOUNT#						PROVIDER AUTHORIZATION TO TEST: 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		
PATIENT LAST NAME (Please Print) FIRST NAME (Please Print) SEX								
DATE OF BIRTH BILL TO: □ CLIENT SOCIAL SECURITY #								
			that it is my responsibility to document medical necessity for test in the patient record and to provide a copy of the same to CENTI				, 0	
ADDRESS ROOM/BED#						CLINICAL LABS or their affiliates upon request.		
CITY STATE ZIP TEL. I				NO.		-		
INSURANCE NAME						PROVIDER SIGNATURE		
ID#: GROUP						-		
					PRINTED NAME			
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.						 DIAGNOSIS CODES (ICD-10)² 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 		
PLEASE SIGN:						Other:		
COLLECTION INFORMATION ³						SCREENING PANELS ^{4,5}		
Date of Collection: Time of Collection:				Presumptive Urine Drug Screen (10-Panel)				
Was the temperature checked within 4minutesofcollection and is between 90 - 100 °F or 32 - 38 °C?				Amphetamine, Barbiturates, Benzodiazepine, Buprenorphine, Cannabis (THC), Cocaine, Methadone, Opiates, Oxycodone, PCP				
 Yes No, Actual Temperature Not Measured 				Presumptive Urine Drug Screen (12-Panel) Amphetamine, Barbiturates, Benzodiazepine, Buprenorphine, Cannabis (THC), Cocaine, Ecstasy, ETOH, Methadone, Opiates, Oxycodone, PCP				
			URINE	DRUG CONFIRMA	TION TEST M	ENU		
☐ Full Urine Confirmation Panels - All Drug Classes and Metabolites ⁶						Medication List Attached		
Hydromorpho Propoxyphene Norpropoxyph Oxycodone Noroxycodone Oxymorphone Buprenorphine Fentanyl Norfentanyl Tramadol Methadone EDDP	□ Opiates Meperidine Codeine Normeperidine Morphine THC-COOH Hydrocodone □ THC-COOH Norhydrocodone □ THC-COOH Hydromorphone □ Stimulants ⁷ □ Propoxyphene Methamphetamine Norpropoxyphene Methamphetamine Norpropoxyphene □ D/Llsomers Noroxycodone □ D/Llsomers Oxymorphone □ L-MethOnly □ Buprenorphine □ L-MethOnly Norfentanyl □ Tricyclic Antidepressants ⁷ Norfentanyl □ Desipramine □ Methadone □		Alp Alp Dia Clo Ter Ox Lor Mus Can Me Mus Can Me	Alpha-hydroxyalprazolam IPC Diazepeam IC Con Nordiazepeam IC Clonazepam IC Ket 7-aminoclonazepam IC MIC Temazepam IC Syr Oxazepam IC		MAM (Heroin Metabolite) P caine Metabolite <i>Benzoylecgonine</i> tamine	Medication	Dose Date

FOOTNOTES

Footnote1: 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.

Footnote2: 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.

Footnote3: 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.

Footnote4: 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).

Footnote5: 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.

Footenote6: 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 doy, including metabolite(s) if performed.

Footnote7: By marking a definitive/confirmation test at the drug family level, all analytes will be tested.

*POCT: Point-of-care testing