



CLIA ID# 37D2075661

ICD-10 DIAGNOSIS CODES (Highest Specificity) **BILLING INFORMATION**

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI _____

Address _____

Date of Birth: ____/____/____

Gender: M F Phone # ____-____-____

Insurance Carrier: _____
Policy #: _____

Workers' Comp Date of Injury ____/____/____
Policy # _____

Self-Pay Other _____

*Attach a copy of the patient demographics and front and back of the patient or policyholder's insurance card.

Client & Provider Printed Name

PATIENT AUTHORIZATION

I hereby acknowledge that the specimen that I have provided is my own and has not been adulterated. Furthermore, I authorize Certigen to analyze the specimen and release the test results to the ordering practitioner.

By signing this authorization, I acknowledge that I am financially responsible for all co-pays, deductibles and any amounts not covered by insurance and I authorize my physician and/or authorized staff to release any information necessary to Certigen to determine benefits for laboratory services. If the self-paybox is selected, I accept full financial responsibility for all payments associated with laboratory services.

Patient Signature _____ Date _____

SPECIMEN INFORMATION

Collector's Initials _____ Date Collected ____/____/____ Time Collected _____ : _____ AM/PM

Temperature read within 4 minutes and is in range of 32.5 – 37.7°C (90.5 – 99.8°F) Y N
If NO, Actual temp: ____ ° C / F

Comprehensive Quantitative Profile

I hereby authorize Certigen to perform the urine drug test panel as indicated on this form. Furthermore, I understand that if nothing is selected for qualitative analysis and no results are reported, Certigen will perform a qualitative screen.

I understand and acknowledge that I am ordering tests that I believe are medically necessary for the diagnosis or treatment of my patient.

Provider Signature _____ Date _____

QUALITATIVE ANALYSIS

Physician Office Reference Laboratory

| Drug Class | Pos (+) | Neg (-) | Quant/Confirm |
|-----------------|--------------------------|--------------------------|--------------------------|
| Amphetamines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Barbiturates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Benzodiazepines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buprenorphine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ethyl Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MDMA (Ecstasy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methodone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methamphetamine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opiates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oxycodone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Phencyclidine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| THC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER TEST(S) REQUIRED

| Confirm Prescribed | | Patient Prescription List Attached | | Confirm Prescribed | | No Drugs Prescribed | | Confirm Prescribed | | Confirm Prescribed | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|--------------------|--|--------------------|--|
| <input type="checkbox"/> Alcohol (EtG) | Qualitative Only | <input type="checkbox"/> Illicits/Exotics/Synthetics (all drugs in class) | Confirm Prescribed | <input type="checkbox"/> Opioids (all drugs in class) | Confirm Prescribed | <input type="checkbox"/> Sedatives/Hypnotics (all drugs in class) | Confirm Prescribed | | | | |
| <input type="checkbox"/> Amphetamines/Stimulants (all drugs in class) | | 6-MAM (heroin) | <input type="checkbox"/> | Buprenorphine | <input type="checkbox"/> | Carisoprodol | <input type="checkbox"/> | | | | |
| Amphetamine | <input type="checkbox"/> | Benzoylcegonine | <input type="checkbox"/> | Norbuprenorphine | <input type="checkbox"/> | Meprobamate | <input type="checkbox"/> | | | | |
| Methamphetamine | <input type="checkbox"/> | Ketamine | <input type="checkbox"/> | Fentanyl | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> Antidepressants (all drugs in class) | | MDMA | <input type="checkbox"/> | Norfentanyl | <input type="checkbox"/> | | | | | | |
| Amitriptyline | <input type="checkbox"/> | Phencyclidine (PCP) | <input type="checkbox"/> | Meperidine | <input type="checkbox"/> | | | | | | |
| Nortriptyline | <input type="checkbox"/> | Synthetic Cannabinoids | <input type="checkbox"/> | Normeperidine | <input type="checkbox"/> | | | | | | |
| Desipramine | <input type="checkbox"/> | THC | <input type="checkbox"/> | Methodone | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> Benzodiazepines (all drugs in class) | | <input type="checkbox"/> Opiates (all drugs in class) | Confirm Prescribed | EDDP | <input type="checkbox"/> | | | | | | |
| Alprazolam | <input type="checkbox"/> | Codeine | <input type="checkbox"/> | Tapentadol | <input type="checkbox"/> | | | | | | |
| α-Hydroxyalprazolam | <input type="checkbox"/> | Hydrocodone | <input type="checkbox"/> | Tramadol | <input type="checkbox"/> | | | | | | |
| Clonazepam | <input type="checkbox"/> | Norhydrocodone | <input type="checkbox"/> | | | | | | | | |
| 7-Aminoclonazepam | <input type="checkbox"/> | Morphine | <input type="checkbox"/> | | | | | | | | |
| Diazepam | <input type="checkbox"/> | Hydromorphone | <input type="checkbox"/> | | | | | | | | |
| Nordiazepam | <input type="checkbox"/> | Oxycodone | <input type="checkbox"/> | | | | | | | | |
| Oxazepam | <input type="checkbox"/> | Noroxycodone | <input type="checkbox"/> | | | | | | | | |
| Temazepam | <input type="checkbox"/> | Oxymorphone | <input type="checkbox"/> | | | | | | | | |
| Lorazepam | <input type="checkbox"/> | | | | | | | | | | |