

## PROTOCOL SET-UP

Physician Name:	NPI Number:
Practice Name:	Address:

**Amphetamines:**

 AMP-Amphetamines (Urine, LC-MS)  
 MET-Methamphetamine\* (Urine, LC-MS)

**Ritalin (Methylphenidate):** (Urine, LC-MS)

Methylphenidate/Ritalinic Acid (Urine, LC-MS)

**Benzodiazepines:** (Urine, LC-MS)

 Alprazolam/a-OH-Alprazolam, Diazepam/Nordiazepam,  
 Clonazepam, Oxazepam, Flurazepam/Desalkylflurazepam,  
 Midazolam, Triazolam, Lorazepam, Temazepam (Urine, LC-MS)

**Opioids:**

 Hydrocodone/Norhydrocodone, Morphine, Hydromorphone,  
 Codeine (Urine, LC-MS)  
 Oxycodone/Noroxycodone, Oxymorphone (Urine, LC-MS)

**Barbiturates:** (Urine, LC-MS)

 Phenobarbital  
 Butalbital

**Illicit Drugs:**

 6-MAM (Heroin) (Urine, LC-MS)  
 MDMA (Ecstasy) (Urine, LC-MS)  
 PCP (Phencyclidine) (Urine, LC-MS)  
 Cocaine (Urine, LC-MS)

**Cannabinoids:**

THC/COOH (Urine, Oral, EIA, LC-MS)

**Synthetic Cannabinoids:**

K2/Spice (Urine, LC-MS)

**Validity:**

Creatinine, pH, Specific Gravity, Oxidants (Urine, EIA)

**Synthetic Analgesics:**

 Buprenorphine/Norbuprenorphine (Urine, LC-MS)  
 Carisoprodol/Meprobamate (Urine, LC-MS)  
 Fentanyl/Norfentanyl (Urine, LC-MS)  
 Ketamine/Norketamine (Urine, LC-MS)  
 Meperidine/Normeperidine (Urine, LC-MS)  
 Methadone/EDDP (Urine, LC-MS)  
 Pentazocine (Urine, LC-MS)  
 Propoxyphene/Norpropoxyphene (Urine, LC-MS)  
 Tapentadol (Urine, LC-MS)  
 Tramadol/O-Desmethyl-cis-Tramadol (Urine, LC-MS)

**Tricyclic Antidepressants:** (Urine, LC-MS)

 Amitriptyline, Nortriptyline, Cyclobenzaprine, Desipramine,  
 Imipramine (Urine, LC-MS)

**Anticonvulsants:**

Gabapentin, Pregabalin (Lyrica) (Urine, LC-MS)

**Oral swabs upon request**
☐ **Confirm all Positives with LC-MS/MS**
☐ **Confirm all Negatives with LC-MS/MS  
on prescribed medications**

I authorize Certigen Laboratory (for federally funded plans) to perform drug testing on all patient specimens submitted from my practice according to the protocol noted on this document.

I acknowledge that the tests I am ordering are medically necessary because of my legal and regulatory responsibility to take reasonable steps to prevent abuse and diversion of controlled substance medications. I understand that I may order any of these tests separately or in combination consistent with the patient's individual medical history, clinical presentation, medical needs, and own statements. For federally funded patients, I request that Certigen Laboratory perform confirmation drug testing on all analytes from a drug class that screens positive. I request confirmation of a negative screen only on drug class analytes from drug classes that I personally order. I will provide a medically necessary ICD.9/ICD.10 diagnosis code based on the patient's medical record with every submitted specimen.

I understand that this is my individual Test Protocol and may be modified in writing at any time; otherwise, this protocol will remain in effect for two years from the date of signing.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_