



Laboratory Requisition Form, Oral Fluid

CLIA # I D2166978
999 Chestnut St. SE, Gainesville, GA 30506
office 844.794.3637 fax 678.392.2483 Pro-Genex.com

Account Information

Requesting Physician

Collection Date/Time Collected: _____

Collected By: _____

Patient Information New Patient

Last First Middle Initial Sex Date of Birth Social Security #

Address City State Zip Phone

Insurance Information (REQUIRED: Enclose a copy of the front and back of patient's insurance card(s), driver's license, and patient demographic.)

Insurance Company Insurance Address City State Zip

Insurance Phone Policy ID # Group #

Name of Insured Relationship to Patient and/or Employer

ICD-10 Diagnosis Code(s) _____

Confirm Current Medication(s) _____

Follow Step 1 and 2 for test ordering:

1 Pro-Genex Diagnostic Presumptive (Screening) Testing

• Will reflex all positive/inconsistent results and confirm all prescribed medication.

• In addition, make any further selections from option #2

2 Pro-Genex Diagnostics Definitive Testing

[] Based on medical necessity, perform definitive testing on the following class(es) of drug(s) regardless of presumptive testing.

Oral Fluid Screen Options	Oral Specific Drug. I.D. Confirm Options (LC/MS/MS) See back of page for drug test components																																										
<input type="checkbox"/> FULL SCREEN <input type="checkbox"/> AMPH <input type="checkbox"/> MTD <input type="checkbox"/> TRAM <input type="checkbox"/> BENZO <input type="checkbox"/> OPIA <input type="checkbox"/> BUP <input type="checkbox"/> OXY <input type="checkbox"/> COC <input type="checkbox"/> PCP <input type="checkbox"/> MAMP <input type="checkbox"/> THC	<input type="checkbox"/> BASILINE CONFIRMATION includes all tests listed below <table border="1"> <thead> <tr> <th>CLASSES</th> <th>TEST CODE</th> <th>CLASSES</th> <th>TEST CODE</th> <th>CLASSES</th> <th>TEST CODE</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Amphetamines</td> <td>TOX-OF-AMP</td> <td><input type="checkbox"/> Antidepressants, Atypical</td> <td>TOX-OF-ADA</td> <td><input type="checkbox"/> Muscle Relaxants</td> <td>TOX-OF-MRX</td> </tr> <tr> <td><input type="checkbox"/> Anticonvulsants</td> <td>TOX-OF-ACV</td> <td><input type="checkbox"/> Antidepressants, SNRIs</td> <td>TOX-OF-ADN</td> <td><input type="checkbox"/> Opioids</td> <td>TOX-OF-OPI</td> </tr> <tr> <td><input type="checkbox"/> Barbiturates</td> <td>TOX-OF-BAR</td> <td><input type="checkbox"/> Antidepressants, SSRIs</td> <td>TOX-OF-ADS</td> <td><input type="checkbox"/> Sedatives</td> <td>TOX-OF-SED</td> </tr> <tr> <td><input type="checkbox"/> Benzodiazepines</td> <td>TOX-OF-BEN</td> <td><input type="checkbox"/> Antidepressants, Tricyclic</td> <td>TOX-OF-ADT</td> <td><input type="checkbox"/> Stimulants</td> <td>TOX-OF-STM</td> </tr> <tr> <td><input type="checkbox"/> Illicit</td> <td>TOX-OF-ILL</td> <td></td> <td></td> <td><input type="checkbox"/> Nicotine Metabolites</td> <td>TOX-OF-NIC</td> </tr> <tr> <td><input type="checkbox"/> Cannabinoids</td> <td>TOX-OF-THC</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	CLASSES	TEST CODE	CLASSES	TEST CODE	CLASSES	TEST CODE	<input type="checkbox"/> Amphetamines	TOX-OF-AMP	<input type="checkbox"/> Antidepressants, Atypical	TOX-OF-ADA	<input type="checkbox"/> Muscle Relaxants	TOX-OF-MRX	<input type="checkbox"/> Anticonvulsants	TOX-OF-ACV	<input type="checkbox"/> Antidepressants, SNRIs	TOX-OF-ADN	<input type="checkbox"/> Opioids	TOX-OF-OPI	<input type="checkbox"/> Barbiturates	TOX-OF-BAR	<input type="checkbox"/> Antidepressants, SSRIs	TOX-OF-ADS	<input type="checkbox"/> Sedatives	TOX-OF-SED	<input type="checkbox"/> Benzodiazepines	TOX-OF-BEN	<input type="checkbox"/> Antidepressants, Tricyclic	TOX-OF-ADT	<input type="checkbox"/> Stimulants	TOX-OF-STM	<input type="checkbox"/> Illicit	TOX-OF-ILL			<input type="checkbox"/> Nicotine Metabolites	TOX-OF-NIC	<input type="checkbox"/> Cannabinoids	TOX-OF-THC				
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Authorization

By signing this authorization, I am acknowledging that payment(s) be made on my behalf to Pro-Genex Laboratories, Inc., for any services provided to me by Pro-Genex Laboratories, Inc., and any subsequent test(s) ordered by my physician. I authorize the release of my health information for the purposes of treatment and claims processing

Patient Signature: _____

Date: _____

By submitting this order and requisition form for testing at Pro-Genex Laboratories, Inc., as a provider, I acknowledge that only medically necessary tests should be ordered; the test(s) requested on this form are medically necessary and reasonable for the diagnosis and treatments rendered; and I have written an order and documented medical necessity in the patient's medical record that supports the need for the requested test(s). If presumptive test(s) are performed, any request for definitive testing for drugs screened by LC-MS/MS is medically necessary for this patient. I also acknowledge that I am, or the organization I work for is, responsible for paying Pro-Genex Laboratories, Inc. for the requested test(s) regardless of whether me or my organization receive reimbursement for the requested test(s) from the patient or the patient's insurer.

I agree to have the documented medical necessity to support the ordering of tests for my patient.

Physician Signature: _____

Date: _____

DRUG CLASS REFERENCE (Oral Fluid)

Amphetamines

Amphetamine
Methamphetamine

Anticonvulsants

Gabapentin

Pregabalin

Antidepressants-Atypical

Hydroxybupropion
Trazodone

Antidepressant-SNRI

Duloxetine
Venlafaxine/O-Desmethylvenlafaxine

Antidepressants-SSRI

Citalopram
Fluoxetine
Paroxetine
Sertraline

Antidepressants-Tricyclic

Amitriptyline
Clomipramine
Doxepin
Imipramine
Nortriptyline/protriptyline
Trimipramine

Benzodiazepines

Alprazolam/Alprazolam
7-Aminoclonazepam

Diazepam

Flunitrazepam/7-Aminoflunitrazepam

Flurazepam/Desalkylflurazepam

Lorazepam

Midazolam/7-Hydroxymidazolam

Nordiazepam

Oxazepam

Temazepam

Triazolam/a-Hydroxytriazolam

Opioids

Buprenorphine/Norbuprenorphine

Codeine

Fentanyl/Nofentanyl

Hydrocodone/Norhydrocodone

Hydromorphone

Meperidine/Normeperidine

Methadone/EDDP

Morphine

Naloxone

Naloxone

Oxycodone/Noroxycodone

Oxymorphone

Propoxyphene/Norpropoxyphene

Tapentadol/N-Desmethyltapentadol

Tramadol O-Desmethyl tramadol

Barbiturates

Amobarbital

Butalbital

Phenobarbital

Illicit

6-Acetylmorphine(Heroin)

Benzoylgonine(Cocaine)

Lysergic acid diethylamide (LSD)

MOM/MDA (Ecstasy)

Phencyclidine (PCP)

Cannabinoids

THC-COOH (Marijuana)

Muscle Relaxants

Carisoprodol/Meprobamate

Cyclobenzaprine

Sedatives

Katamine/Norharmaline

Zolpidem/Zolpidem-COOH

Stimulants

Methylphenidate/Ritalinic Acid

Nicotine Metabolites

Cotinine