



**LABORATORY REQUISITION FORM**

**EIV DIAGNOSTICS**

1477 E Shaw Ave Ste 170

Fresno, CA 93710

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CLIA #: 05D2181132

**Specimen Information:**

Collected by: \_\_\_\_\_

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

Collection Time: \_\_\_\_\_

Cup Temp.: (90° F-100° F): \_\_\_\_\_,  Temp Out of Range:

Received in the lab by: \_\_\_\_\_

Sample Type:  Urine,  Oral Fluid,  Blood,  DBS

Patient Information:	Provider Information:
Full Name: _____, Phone# _____ Date of Birth: _____, Gender: M/F/Other, <input type="checkbox"/> New Patient Full Address: _____ Billing Information: <input type="checkbox"/> Commercial, <input type="checkbox"/> Medicaid, <input type="checkbox"/> Medicare, <input type="checkbox"/> Self Pay, <input type="checkbox"/> Client Bill Primary Insurance Info: (Please attach patient demographics and insurance info) Insur. Agency: _____, Policy #: _____	Name: _____ Address: _____ Account#: _____ ICD Codes: _____  Group #: _____

Screening	Confirmation	Drug Class	Confirmation Panel	Patient's Current Medications
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> All Classes	All Panels	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Alkaloids	Cotinine, Mitragynine	<input type="checkbox"/> Mitragynine (Kratom)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Amphetamines	Amphetamine, Methamphetamine, Phentermine	<input type="checkbox"/> Amphetamine, <input type="checkbox"/> Methamphetamine, <input type="checkbox"/> Phentermine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Antidepressants/Serotonergic:	Citalopram, Duloxetine, Fluoxetine, Sertraline, Paroxetine	<input type="checkbox"/> Citalopram, <input type="checkbox"/> Duloxetine, <input type="checkbox"/> Fluoxetine, <input type="checkbox"/> Sertraline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tricyclic Antidepressants	Amitriptyline, Nortriptyline, Imipramine, Doxepin, Mirtazapine, Clomipramine	<input type="checkbox"/> Amitriptyline, <input type="checkbox"/> Imipramine, <input type="checkbox"/> Doxepin, <input type="checkbox"/> Mirtazapine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Antidepressants (unspecified)	Venlafaxine, ODM Venlafaxine, Trazodone, Bupropion	<input type="checkbox"/> Venlafaxine, <input type="checkbox"/> Trazodone, <input type="checkbox"/> Bupropion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Antiepileptics	Lamotrigine	<input type="checkbox"/> Lamotrigine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Antipsychotics	Aripiprazole, Quetiapine, Risperidone, Olanzapine	<input type="checkbox"/> Aripiprazole, <input type="checkbox"/> Quetiapine, <input type="checkbox"/> Risperidone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Benzodiazepines	Alprazolam, α-Hydroxyalprazolam, 7-Aminoclonazepam, Clonazepam, Diazepam, Lorazepam, Temazepam, Oxazepam	<input type="checkbox"/> Alprazolam, <input type="checkbox"/> Clonazepam, <input type="checkbox"/> Diazepam, <input type="checkbox"/> Lorazepam, <input type="checkbox"/> Temazepam, <input type="checkbox"/> Oxazepam
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Buprenorphine	Buprenorphine, Norbuprenorphine	<input type="checkbox"/> Buprenorphine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Natural Cannabinoids	Delta 9-Carboxy THC	<input type="checkbox"/> THC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cocaine	Benzoylcegonine (Cocaine metabolite)	<input type="checkbox"/> Cocaine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fentanyl	Fentanyl, Norfentanyl	<input type="checkbox"/> Fentanyl
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gabapentin	Gabapentin	<input type="checkbox"/> Gabapentin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Heroin	6-Monoacetylmorphine	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ketamine	Ketamine	<input type="checkbox"/> Ketamine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Methadone	Methadone, EDDP (Methadone metabolite)	<input type="checkbox"/> Methadone, <input type="checkbox"/> EDDP (Methadone metabolite)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Methylenedioxyamphetamines	MDMA (Ecstasy), MDA	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Methylphenidate	Methylphenidate, Ritalinic Acid	<input type="checkbox"/> Methylphenidate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opiates	Codeine, Hydrocodone, Norhydrocodone, Hydromorphone, Morphine	<input type="checkbox"/> Codeine, <input type="checkbox"/> Hydrocodone, <input checked="" type="checkbox"/> Hydromorphone, <input type="checkbox"/> Morphine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opioids and Opiate Analogs	Naloxone, Naltrexone, Meperidine, Normeperidine	<input type="checkbox"/> Naloxone, <input type="checkbox"/> Naltrexone, <input type="checkbox"/> Meperidine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxycodone	Oxycodone, Noroxycodone, Oxymorphone	<input type="checkbox"/> Oxycodone, <input type="checkbox"/> Noroxycodone, <input type="checkbox"/> Oxymorphone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PCP	PCP	<input type="checkbox"/> PCP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pregabalin	Pregabalin	<input type="checkbox"/> Pregabalin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Antihypertensive	Clonidine	<input type="checkbox"/> Clonidine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Propoxyphene	Propoxyphene	<input type="checkbox"/> Propoxyphene
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zolpidem	Zolpidem	<input type="checkbox"/> Zolpidem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Skeletal Muscle Relaxants	Carisoprodol, Meprobamate, Cyclobenzaprine, Baclofen	<input type="checkbox"/> Carisoprodol, Meprobamate, Cyclobenzaprine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tramadol	Tramadol, ODM-Tramadol	<input type="checkbox"/> Tramadol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tapentadol	Tapentadol	<input type="checkbox"/> Tapentadol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tranquilizers	Xylazine	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Synthetic Cannabinoids	JWH-18 PA, JWH-73 BA	-

Consent/Insurance Release: I consent to drug testing and certify that I have provided my own specimen to the collector. I have not adulterated the specimen in any manner. I authorized my insurance benefits to be paid to TriangleMTL for tests ordered by my clinician. I understand I am responsible for payment of any deductible copay or co-insurance, and I accept full financial responsibility for payment associated with TriangleMTL services. I authorize TriangleMTL to release my lab test results to my ordering clinician. I consent to the use or disclosure of my health information by TriangleMTL to carry out payment.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Necessity: In accordance with federal regulations, all laboratory test orders by physicians must be reasonable and medically necessary for the patients. Upon request, documentation must be reproducible to support medical necessity of laboratory tests ordered for your patients or explain and have patient sign an ABN. With this knowledge, I have requested TriangleMTL to develop a customized toxicology panel indicated here for testing of the patient specimens. Furthermore, I acknowledge the potential for abuse, non-medical necessity and unreasonable tests with the use of customized panels. TriangleMTL's policy regulations set forth by the government therefore allows all physicians to order and all laboratory tests that they deem to be reasonable and medically necessary. I understand that in addition to the full customized panel that I have requested, I can order any and all tests individually without ordering a customized panel and will do so if a full customized panel is not necessary.

Provider Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

