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STAT Collection Date
 Call / /
 Fax Collection Time

FOR LAB USE ONLY

CLIENT

Collected by _____

Fasting Yes
 No

Trip charge

Miles: _____

PATIENT

Patient's Legal Name (Last, First, Middle, Other)

Date of Birth Male SS # Phone #
 Female / /

Patient's address Street City State ZIP

PHYSICIAN

Physician's Name (Last, First, Middle, Other)

NPI # U PIN # Physician's address

Phone/Fax Clinical information & comments

BILL TO

ACCOUNT MEDICARE # _____

PATIENT SELF PAY MEDICAID # _____

INSURANCE Primary Secondary

Insured's Name: _____

Name of Insurance: _____

Address of Insurance: _____

Policy Number: _____

Group Number: _____

DIAGNOSIS / ICD CODES

MEDICARE

Confirmation of drug screens is only indicated when the result of the drug screen is different than that suggested by the patient's medical history, clinical presentation or patient's own statement.

DRUGS OF ABUSE

Confirmation of Drug Screen

Drug Screen	Qualitative Reported as Pos/Neg	Quantitative Concentration Level	Direct Quant Testing
Bath Salts	_____	_____	<input type="checkbox"/>
Cocaine/BE	<input type="checkbox"/>	OR <input type="checkbox"/>	<input type="checkbox"/>
Ethanol	_____	_____	<input type="checkbox"/>
Ethyl Glucuronide - ETG / ETS	Urine Only <input type="checkbox"/>	OR <input type="checkbox"/>	<input type="checkbox"/>
Heroin (6-Acetylmorphine)	<input type="checkbox"/>	OR <input type="checkbox"/>	<input type="checkbox"/>
MDMA (Ecstasy)	<input type="checkbox"/>	OR <input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	OR <input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine (PCP)	<input type="checkbox"/>	OR <input type="checkbox"/>	<input type="checkbox"/>
Synthetic Cannabinoids (Spice)	<input type="checkbox"/>	OR <input type="checkbox"/>	<input type="checkbox"/>
THC / THC-COOH	<input type="checkbox"/>	OR <input type="checkbox"/>	<input type="checkbox"/>

THERAPEUTIC DRUGS

Quantitative Confirmation of Drug Screen

Drug Screen	Confirm Positive	Confirm Negative	Direct Quant
Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butalbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine / Norbuprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carisoprodol / Meprobamate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl / Norfentanyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gabapentin (Neurontin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meperidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone / EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylphenidate / Ritalinic Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine / Cotinine	Urine Only <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates / Metabolites:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocodone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydromorphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine/Codeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone/Oxymorphone (Quant includes Noroxycodone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregabalin (Lyrica)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol (Ultram)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tapentadol (Nucynta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amitriptyline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclobenzaprine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desipramine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imipramine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nortriptyline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zolpidem (Ambien)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zopiclone (Lunesta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PANELS

Medically Necessary

Order individual confirmations if any test in the panels is not medically necessary.

- URINE**
- 9502 Comprehensive Confirmation Panel
 Direct Quant: COC, ETOH, 6AM, PCP, THC, AMP, BUT, PHB, SCB, BUP, BZD, CAR, FNT, GABA, MTD, MPH, MOR/COD, HCD, HMP, OXY, TRM, AMI, CYC, NOR, IMI, DES + Validity + Prescribed Meds
- 0502 Drug Screen Panels w/Confirmation
- BLOOD**
- 0503 Drug Abuse Panel
- Selective
- ORAL FLUID**
- Selective

PRESCRIBED MEDICATION

- Hydromorphone Opiates
- Kadian Opiates
- Lortab Opiates
- MS Contin Opiates
- MSIR/Morphine Opiates
- Norco Opiates
- Vicodin Opiates
- Endocet Oxycodone/Oxymorphone
- Opana Oxycodone/Oxymorphone
- Oxycodone Oxycodone/Oxymorphone
- Oxycontin Oxycodone/Oxymorphone
- Percocet Oxycodone/Oxymorphone
- Roxicodone Oxycodone/Oxymorphone
- Lyrica Pregabalin
- Nucynta Tapentadol
- Ultram Tramadol
- OTHER:

PRESCRIBED MEDICATION

- Adderall Amphetamine
- Elavil Amitriptyline
- Fioricet Barbiturates
- Ativan Benzodiazepines
- Klonopin/clonazepam Benzodiazepines
- Valium/Diazepam Benzodiazepines
- Xanax/Alprazolam Benzodiazepines
- Butrans Buprenorphine
- Suboxone Buprenorphine
- Soma Carisoprodol
- Flexeril Cyclobenzaprine
- Actiq Fentanyl
- Duragesic Fentanyl
- Neurontin Gabapentin
- Methadone Methadone
- Pamelor Opiates
- Avinza Opiates
- Dilaudid Opiates
- Embeda Opiates
- Hydrocodone Opiates

TOXICOLOGY

- 0162 Digoxin R
- 0170 Gentamicin Peak/Trough SST
- 0185 Phenytoin (Dilantin) R
- 0184 Phenobarbital R
- 0198 Theophylline R
- 0199 Valproic Acid R
- 0201 Vancomycin Peak/Trough R
- OTHER:

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REQUIRED FOR TESTING TO BE PERFORMED

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