## **Toxicology Requisition** Histopathology Services Inc. 15012 Red Hill Ave. Suite H Khodadad Mehraein, M.D. Tustin, CA 92780 Phone: (949) 415-2535 - Fax: (949) 415-2535 CLIA: 05D2009046 Patient Information Last Name First Name M.I. Street Addtress City State ZIP D.O.B. Phone SSN M 🔲 FΠ Insurance Information I.D. # Insurance Name Group # Insurance Attached ICD 10 Code: PATIENT CONSENT AND AUTHORIZATION: PROVIDER AUTHORIZATION TO TEST: I supplied accurate and true information with this form. If I supplied insurance information, I authorize payment of my insurance benefits directly to Histopathology Services Inc. I authorize Histopathology Services Inc. to be my I am authorized to order laboratory tests and hereby order the tests indicated below. I confirm these test(s) are medically necessary for the treatment of the patient. I supplied accurate and true information Designated Representative and to appeal any denial of health benefits. I understand Histopathology Services Inc. may be out of network with my plan, and I accept responsibility for paying to Histopathology Services Inc. any on this form. I am aware information has been supplied to the patient about drug testing and that the patient has consented to the testing through his/her signature on this form. I understand that it is my amounts my insurer determines are my responsibility after calculating deductibles, co-payments and co-insurance due under my policy. I understand I am legally responsible for sending Histopathology Services Inc. any money responsibility to document medical necessity for testing in the patient record and to provide a copy of the same to Histopathology Services Inc. upon request. received from my health insurance company for performance of this laboratory test. I also allow the release of medical information necessary to process this claim. Physician's Signature Patient's Signature Date Date **POCT Screening Panel** NO POCT Performed Lab Requested to perform screening levels. Pos. Neg. Time Collected: AM/PM Collected By (initial): Pos. Neg. Pos. Neg. **AMP** COC MTD PCP Date Collected: BAR MDMA OPI TCA Temperature checked within 4 minutes of collection and is between BZO MET OXY THC 90 - 100 °F or 32 - 38 °C **URINE DRUG SCREEN** ☐ EDDP Methadone Amphetamines ☐ Barbiturates Ecstasy Opiate Benzodiazepines Ethyl Alcohol Oxycodone Buprenorphine ☐ THC (Cannabinoid) Ethyl Glucuronide Cocaine Metabolite Heroin Metabolite Tricyclic-Anti Depressant (TCA) Screen All Screen with Reflex to Confirmation/Quantitation Histopathology Services laboratory will perform validity testing on all urine samples (urine creatinine, PH, Specific Gravity and Oxidant)

Prescribed Medication (check all that apply)							
Amphetamines	Duloxetine	Benzodiazepines	Hypnotic Z-drugs	Darvon	Norco	Roxicodone	Others
Adderall	Effexor	Alprazolam	Eszopiclone	□ Demerol	Nucynta	Ryzolt	
Concerta	☐ Elavil	Ativan	Sonata	Dilaudid	Numorphan	Sublimaze	
Desoxyn	Fluoxetine	☐ Clonazepam	Stilnox	☐ Dolophine	Opana Opana	Suboxone	
Dexedrine	Pamelor	□ Dalmane	Ambien	Duragesic	Oxy IR	Subutex	
Methylphenidate	Butisol	Flurazepam	Zimovane	Embeda	Oxycodone	Tapentadol	
Ritalin	Paxil	Halcion	Muscle Relaxants	☐ Endocet	Oxycontin	☐ Tramadol	
	Prozac	Klonopin	Carisoprodol	☐ Fentanyl	Oxymorphone	Ultram	
Anticonvulsants		☐ Madar	Cyclobenzaprine	☐ Fentora	Percodan		
Neurontin	Antipsycotics	Midazolam	Equanil	Hydrocodone	Percocet	Vicoprofen	
Lyrica	Seroquel	Restoril	Flexeril	Hydromorphone	Roxicet	☐ Vivitrol	
Antidepressants	Barbiturates	Serax	Meprobamate	☐ Kadian			
Antidepressants		Triazolam	Miltown	Lortab			
Amitriptyline	Amytal	☐ Valium	Soma				
Coperin	Butalbital	Versed	Opiates/Opioids				
Cymbalta	Nembutal	Xanax	Avinza	Morphine			
	Phenobarbital		Buprenorphine	MS Contin,			
Cymgen	☐ Secobarbital		Butrans	MSIR			
			Codeine	Naloxone			
			Darvocet	Naltrexone			