



Toxicology

Requisition Form

*Information required for testing

Patient Information

LAST NAME*		FIRST NAME*		MI	DOB*	SEX	
ADDRESS		CITY	STATE	ZIP CODE	PHONE NUMBER		EMAIL ADDRESS

Billing Information (Please include a copy of insurance card(s) for billing purposes.)

* CLIENT BILL INSURANCE SELF PAY MEDICARE/MEDICAID (PRIMARY SECONDARY) RELATIONSHIP: SELF SPOUSE DEPENDENT

INSURANCE NAME	MEMBER/POLICY ID	GROUP #
POLICY HOLDER NAME	POLICY HOLDER DOB	TEST INDICATION/ICD-10 CODE(S)*

Account Information

FACILITY/PRACTICE NAME*	PHONE NUMBER	FAX NUMBER	ORDERING PHYSICIAN NAME*
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Specimen Information

COLLECTION DATE: MM/DD/YYYY COLLECTION TIME: 00:00 AM/PM TEMPERATURE READ WITHIN 4 MINUTES AND WITHIN 90°-100°F (32°-38°C) YES NO

Current Prescription Medication(s):

Test(s) Requested*

DNA ID *Buccal swab must be included to perform*

<input type="checkbox"/> Urine Screening**	<input type="checkbox"/> Oral Basic Panel: Stimulants, Benzodiazepines, Opiates, Synthetic Opioids, Muscle Relaxants, Illicits, Anticonvulsants		
<input type="checkbox"/> Urine Drug Detox Complete Panel:*** Includes all drug classes listed below	<input type="checkbox"/> Oral Extended Panel: Basic Panel + SNRI Antidepressants, Trazodone, Emerging Drugs, Cotinine, Sleep Aids, Synthetic Cannabinoids		
<i>For urine tests: Please check all drug classes OR individual drugs below to be tested</i>			
<input type="checkbox"/> Opiates & Opioids (14) <input type="checkbox"/> Buprenorphine, Norbuprenorphine <input type="checkbox"/> Codeine <input type="checkbox"/> Dextromethorphan, Dextrorphan <input type="checkbox"/> Fentanyl, Norfentanyl, <input type="checkbox"/> Betahydroxyfentanyl, 4-ANPP <input type="checkbox"/> Hydrocodone, Norhydrocodone, <input type="checkbox"/> Hydromorphone, Dihydrocodeine <input type="checkbox"/> Methadone, EDDP <input type="checkbox"/> Mitragnine, 7-Hydroxymitragnine <input type="checkbox"/> Morphine <input type="checkbox"/> Naloxone <input type="checkbox"/> Naltrexone <input type="checkbox"/> Oxycodone, Noroxycodone, Morphine, <input type="checkbox"/> Noroxymorphone <input type="checkbox"/> Oxymorphone <input type="checkbox"/> Tapentadol <input type="checkbox"/> Tramadol, N-Desmethyltramadol <input type="checkbox"/> Antidepressants (13) <input type="checkbox"/> Amitriptyline, Nortriptyline <input type="checkbox"/> Bupropion, Hydroxybupropion	<input type="checkbox"/> Citalopram/Escitalopram <input type="checkbox"/> Clomipramine <input type="checkbox"/> Doxepine, Nordoxepine <input type="checkbox"/> Duloxetine <input type="checkbox"/> Fluoxetine, Norfluoxetine <input type="checkbox"/> Imipramine, Desipramine <input type="checkbox"/> Mirtazapine <input type="checkbox"/> Paroxetine <input type="checkbox"/> Sertraline, Norsertaline <input type="checkbox"/> Traxadone, mCPP <input type="checkbox"/> Venlafaxine <input type="checkbox"/> Anti-epileptics (2) <input type="checkbox"/> Gabapentin <input type="checkbox"/> Pregabalin <input type="checkbox"/> Antipsychotics (9) <input type="checkbox"/> Chlorpromazine <input type="checkbox"/> Clozapine <input type="checkbox"/> Haloperidol <input type="checkbox"/> Lurasidone <input type="checkbox"/> Olanzapine	<input type="checkbox"/> Quetiapine <input type="checkbox"/> Risperidone <input type="checkbox"/> Ziprasidone <input type="checkbox"/> Benzodiazepines (9) <input type="checkbox"/> Alprazolam, Alpha-Hydroxyalprazolam <input type="checkbox"/> Clonazepam, 7-Aminoclonazepam <input type="checkbox"/> Diazepam, Nordiazepam <input type="checkbox"/> Flurazepam, Hydroxyethylflurazepam <input type="checkbox"/> Lorazepam <input type="checkbox"/> Midazolam <input type="checkbox"/> Oxazepam <input type="checkbox"/> Temazepam <input type="checkbox"/> Triazolam, Alphahydroxy <input type="checkbox"/> Cannabinoids (1)** <input type="checkbox"/> Cannabinoids screened by immunoassay <input type="checkbox"/> Illicits (5) <input type="checkbox"/> Cocaine, Benzoylgonine, Cocaethylene <input type="checkbox"/> Heroin, 6-Acetylmorphone <input type="checkbox"/> Ketamine, Norketamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Phencyclidine	<input type="checkbox"/> Novel Psychoactive Substances (NPS) (8) <input type="checkbox"/> Bromazolam <input type="checkbox"/> Clonazolam <input type="checkbox"/> Psilocin <input type="checkbox"/> α PVP <input type="checkbox"/> Flualprazolam <input type="checkbox"/> Flunitrazepam <input type="checkbox"/> Alpha PiHP <input type="checkbox"/> Eutylone <input type="checkbox"/> Muscle Relaxants (3) <input type="checkbox"/> Carisoprodol <input type="checkbox"/> Cyclobenzaprine <input type="checkbox"/> Meprobamate <input type="checkbox"/> Sedatives (2) <input type="checkbox"/> Zaleplon <input type="checkbox"/> Zolpidem <input type="checkbox"/> Stimulants (3) <input type="checkbox"/> Amphetamine <input type="checkbox"/> Phentermine <input type="checkbox"/> Pseudoephedrine
Drug Class Screening by Immunoassay, *Definitive Testing by LC-MS/MS; <input type="checkbox"/> Perform Qualitative Analysis <input type="checkbox"/> Perform Quantitative Analysis <input type="checkbox"/> Perform Qualitative AND Quantitative Analysis			

ICD-10 Code(s)*

<input type="checkbox"/> F11.20	Opioid dependence, uncomplicated	<input type="checkbox"/> Z79.899	Other long-term (current) drug therapy
<input type="checkbox"/> Z51.81	Encounter for therapeutic drug level monitoring	<input type="checkbox"/> OTHER:	

Patient Authorization and Consent

I verify that I am providing Genesys Diagnostics and affiliated reference/referral laboratories with a sample of my urine or oral fluid for the purpose of testing and billing. I understand that I am responsible for providing accurate information about my insurance to Genesys Diagnostics Inc. I understand that Genesys Diagnostics Inc. will be providing testing service and billing my insurance. However, I understand that charges that are not covered by my insurance, including any applicable co-payments and deductibles are my responsibility and I agree to pay such charges promptly.

Patient/Guardian Signature:* _____ Date:* _____

I do not consent to having my deidentified DNA sample used for internal research purposes.

Healthcare Provider Authorization

I certify that (i) this test is medically necessary, (ii) the patient (or authorized representative on the patient's behalf) has given informed consent (which includes written informed consent or written authorization when required by law) to have this testing performed, and (iii) the informed consent obtained from the patient meets the requirements of applicable law. I agree to provide Genesys, or its designee, any and all additional information reasonably required for this testing to be performed.

Healthcare Provider Signature:* _____ Date:* _____

Medical Necessity Statement: Tests ordered on Medicare patients must follow CMS rules regarding medical necessity and FDA approval guidelines and must include diagnosis, symptoms and reason for testing as indicated in the medical record. If testing does not come under Medicare guidelines for payment a 'signed' Advanced Beneficiary Notice must be included.



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Opiates and Opioids by LC-MS/MS	Detection Limit	Benzodiazepines by LC-MS/MS	Detection Limit
buprenorphine, norbuprenorphine	4 ng/mL	alprazolam, alpha-hydroxyalprazolam	40 ng/mL
codeine	40 ng/mL	clonazepam, 7-aminoclonazepam	40 ng/mL
dextromethorphan, dextrorphan	40 ng/mL	diazepam, nordiazepam	40 ng/mL
fentanyl, norfentanyl, beta-hydroxyfentanyl, 4-ANPP	1 ng/mL	flurazepam, hydroxyethylflurazepam	40 ng/mL
hydrocodone, norhydrocodone, hydromorphone, dihydrocodeine	40 ng/mL	lorazepam	40 ng/mL
meperidine, normeperidine	40 ng/mL	midazolam	40 ng/mL
methadone, EDDP	40 ng/mL	oxazepam	40 ng/mL
mitragynine, 7-hydroxymitragynine	4 ng/mL	temazepam	40 ng/mL
morphine	40 ng/mL	triazolam, alpha-hydroxy	40 ng/mL
naloxone	40 ng/mL	Cannabinoids	
naltrexone	40 ng/mL	cannabinoids screened by immunoassay	50 ng/mL
oxycodone, noroxycodone, morphine, noroxymorphone	40 ng/mL	Illicits by LC-MS/MS	Detection Limit
tapentadol	40 ng/mL	Cocaine, benzoylgonine, cocaethylene	20 ng/mL
tramadol, N-desmethyltramadol	40 ng/mL	heroin, 6-acetylmorphine	4 ng/mL
Antidepressants by LC-MS/MS	Detection Limit	ketamine, norketamine	4 ng/mL
amitriptyline, nortriptyline	40 ng/mL	methamphetamine	40 ng/mL
bupropion, hydroxybupropion	40 ng/mL	phencyclidine	40 ng/mL
citalopram/escitalopram	40 ng/mL	Novel Psychoactive Substances (NPS) by LC-MS/MS	Detection Limit
clomipramine	40 ng/mL	bromazolam	4 ng/mL
doxepine, nordoxepine	40 ng/mL	clonazolam	4 ng/mL
duloxetine	40 ng/mL	psilocin	4 ng/mL
fluoxetine, norfluoxetine	40 ng/mL	α PVP	4 ng/mL
imipramine, desipramine	40 ng/mL	flualprazolam	4 ng/mL
mirtazapine	40 ng/mL	flunitrazepam	4 ng/mL
paroxetine	40 ng/mL	alpha PiHP	4 ng/mL
sertraline, norsesertraline	40 ng/mL	eutylone	4 ng/mL
traxadone, mCPP	40 ng/mL	Muscle Relaxants by LC-MS/MS	Detection Limit
venlafaxine	40 ng/mL	meprobamate	40 ng/mL
Antiepileptics by LC-MS/MS	Detection Limit	carisoprodol	40 ng/mL
gabapentin	400 µg/mL	cyclobenzaprine	40 ng/mL
pregabalin	200 µg/mL	Sedatives by LC-MS/MS	Detection Limit
Antipsychotics by LC-MS/MS	Detection Limit	zolpidem	40 ng/mL
aripiprazole	40 ng/mL	zaleplon	40 ng/mL
chlorpromazine	40 ng/mL	Stimulants by LC-MS/MS	Detection Limit
clozapine	40 ng/mL	amphetamine	40 ng/mL
haloperidol	40 ng/mL	phentermine	40 ng/mL
lurasidone	40 ng/mL	pseudoephedrine	40 ng/mL
olanzapine	40 ng/mL		
quetiapine	40 ng/mL		
risperidone	40 ng/mL		
ziprasidone	40 ng/mL		