



CLINICAL URINE DRUG SCREEN TEST REQUISITION

Ctr for Genetics at Saint Francis Clinical Mass Spectrometry Laboratory 6465 S. Yale, # 1010 Tulsa, OK 74136 Phone 918-502-2290 Fax 918-502-2292	BILLING: <input type="radio"/> INSURANCE (PROVIDE CARD) <input type="radio"/> SELF PAY	SPECIMEN ID NUMBER (Lab Use Only)
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PATIENT/ORDER	LAST NAME _____ FIRST NAME _____ MI ____ DOB (MM/DD/YY) _____ SSN OR OTHER ID _____ ICD-9-CM DIAGNOSIS CODE REQUIRED: _____ Requesting Physician: _____ Ordering Physician Signature: _____ <div style="text-align: center; margin-left: 100px;">Print Name</div>
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TEST	<input type="radio"/> CLINICAL URINE DRUG SCREEN WITH REFLEX TO CONFIRMATION - (10-30 mL clean catch urine)
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THIS SECTION IS NOT FOR LABORATORY TEST ORDERING			
INDICATING A PATIENT'S MEDICATION(S) WILL NOT GENERATE A LABORATORY TEST FOR THE SPECIFIC MEDICATION SELECTED.			
PLEASE INDICATE PRESCRIBED MEDICATION(S) BELOW: <input type="checkbox"/> NO PRESCRIPTION MEDICATIONS			
	GENERIC NAME	(COMMON TRADE NAMES)	
CURRENT PRESCRIPTION MEDICATIONS	STIMULANTS		OPIATES/OPIOIDS
	<input type="checkbox"/> AMPHETAMINE AND DEXTROAMPHETAMINE	(ADDERALL, DEXEDRINE)	<input type="checkbox"/> CODEINE (TYLENOL WITH CODEINE NO 3, FIORICET WITH CODEINE)
	<input type="checkbox"/> DEXMETHYLPHENIDATE	(FOCALIN)	<input type="checkbox"/> FENTANYL (DURAGESIC, FENTORA, ACTIQ)
	<input type="checkbox"/> METHYLPHENIDATE	(RITALIN, CONCERTA, METADATE)	<input type="checkbox"/> HYDROCODONE (NORCO, LORTAB, VICODIN, VICOPROGEN, TUSSIONEX)
	<input type="checkbox"/> PHENTERMINE	(ADIPEX-P)	<input type="checkbox"/> HYDROMORPHONE (DILAUDID)
	<input type="checkbox"/> PSEUDOEPHEDRINE	(SUDAFED)	<input type="checkbox"/> MEPERIDINE (DEMEROL)
	<input type="checkbox"/> ALPRAZOLAM	(XANAX, NIRAVAM)	<input type="checkbox"/> METHADONE (DOLOPHINE, METHADOSE)
	<input type="checkbox"/> CLONAZEPAM	(KLONOPIN)	<input type="checkbox"/> MORPHINE (AVINZA, KADIAN, MS CONTIN, ORAMORPH SR, ROXANOL)
	<input type="checkbox"/> DIAZEPAM	(VALIUM, DIASTAT)	<input type="checkbox"/> OXYCODONE (OXYCONTIN, ROXICODONE, PERCOCET, ROXICET, TYLOX, PERCODAN)
	<input type="checkbox"/> ESTAZOLAM	(PROSOM)	<input type="checkbox"/> OXYMORPHONE (OPANA)
<input type="checkbox"/> FLURAZEPAM	(DALMANE)	<input type="checkbox"/> TAPENTADOL (NUCYNTA)	
<input type="checkbox"/> LORAZEPAM	(ATIVAN)	<input type="checkbox"/> TRAMADOL (ULTRAM)	
<input type="checkbox"/> OXAZEPAM	(SERAX)		
<input type="checkbox"/> TEMAZEPAM	(RESTORIL)		
<input type="checkbox"/> TRIAZOLAM	(HALCION)		
BARBITURATES	<input type="checkbox"/> BUTALBITAL (FIORINAL, FIORICET, PHRENILIN)	<input type="checkbox"/> OTHER MEDICATION: _____ <input type="checkbox"/> Comments: _____	
<input type="checkbox"/> PHENOBARBITAL (LIMINAL, DONNATAL)			
<input type="checkbox"/> PRIMIDONE (MYSOLINE)			
<input type="checkbox"/> SECOBARBITAL (SECONAL)			

• MEDICATIONS LISTED ON THE RESULTS REPORT ARE FOR THE REFERENCE USE OF THE CLINICIAN.
 • THE MEDICATION LIST HAS NOT BEEN VERIFIED BY THE CENTER FOR GENETICS AND IS NOT INTENDED TO REPLACE THE PATIENT'S OFFICIAL MEDICAL RECORDS.
 • CLINICAL URINE DRUG TESTING IS PART OF A PATIENT/CLINICIAN AGREEMENT FOR USE OF CONTROLLED SUBSTANCE PRESCRIPTIONS .

Received Date/ Time	Sample Volume	Lab Use Only