

Practice Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Physician: \_\_\_\_\_

**1 PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
 Insurance: \_\_\_\_\_  Self-Pay

**3 ATTACH A COPY OF PATIENT DEMOGRAPHICS & INSURANCE INFORMATION**

**4 CONSENT FOR TESTING**

I certify that I have provided an unadulterated urine sample for validity and confirmatory testing. The information I have provided on this form is accurate. I authorize Assurance Scientific Laboratories (ASL) to release the results of this test to my treating physician or facility. I hereby authorize my insurance or other payment to ASL for services I receive. I am aware that ASL may be an out-of-network provider with my insurer. I am aware that I am responsible for all co-pays and deductibles not covered by insurance or other payer. I understand my sample may be tested directly by ASL or sent to an outside reference laboratory depending on insurance coverage or sample volume.

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

**6 MEDICAL NECESSITY**

**Definitive UDT is reasonable and necessary for the following circumstances:**

- Identify a specific substance that is inadequately detected or not available for detection by presumptive UDT methods.
- Establish a baseline or confirm a presumptive screen for a new patient to be prescribed controlled substances.
- Definitively identify specific drugs in a large family of drugs.
- Identify a negative, or confirm a positive, presumptive UDT result that is inconsistent with patient's self-report, presentation, medical history, or current prescribed pain medication plan.
- Rule out an error as the cause of an unexpected presumptive UDT result; Identify non-prescribed medication or illicit use for ongoing safe prescribing of controlled substances.

**8 IMMUNOASSAY SCREENING**

- Specimen Validity Testing (oxidants, pH, specific gravity & creatinine)  Full specimen screen (EIA)  Ethanol  EtG

**9 TEST REQUEST (MUST SELECT ONE)**

- Perform confirmation for all checked metabolites  Confirm Positive Screens  Confirm Prescribed Medications
- Comprehensive testing (includes all tests)

	Confirmation Test Order	Prescribed Medication		Confirmation Test Order	Prescribed Medication		Confirmation Test Order	Prescribed Medication
<b>Opiates</b>			<b>CNS Stimulants</b>			<b>Barbiturates</b>		
Codeine	<input type="checkbox"/>	<input type="checkbox"/>	Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	Pentobarbital	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocodone (and metabolites)	<input type="checkbox"/>	<input type="checkbox"/>	Methamphetamine (and reflexive isomer)	<input type="checkbox"/>	<input type="checkbox"/>	Secobarbital	<input type="checkbox"/>	<input type="checkbox"/>
Hydromorphone	<input type="checkbox"/>	<input type="checkbox"/>	Phentermine	<input type="checkbox"/>	<input type="checkbox"/>	<b>Anti-psychotics</b>		
Morphine	<input type="checkbox"/>	<input type="checkbox"/>	Methylphenidate/ Ritalinic Acid	<input type="checkbox"/>	<input type="checkbox"/>	Aripiprazole	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone/ Oxymorphone	<input type="checkbox"/>	<input type="checkbox"/>	Pseudoephedrine	<input type="checkbox"/>	<input type="checkbox"/>	Olanzapine	<input type="checkbox"/>	<input type="checkbox"/>
Oxymorphone	<input type="checkbox"/>	<input type="checkbox"/>	Phenylpropanolamine	<input type="checkbox"/>	<input type="checkbox"/>	Quetiapine	<input type="checkbox"/>	<input type="checkbox"/>
6-Acetylmorphine (heroin metabolite)	<input type="checkbox"/>	<input type="checkbox"/>	<b>Benzodiazepines</b>			<b>SSRI / SNRI</b>		
<b>Opioid / Analgesics</b>			7-Aminoclonazepam	<input type="checkbox"/>	<input type="checkbox"/>	Duloxetine	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine/ Nobuprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	Alpha-hydroxyalprazolam	<input type="checkbox"/>	<input type="checkbox"/>	Sertraline	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl/Norfentanyl	<input type="checkbox"/>	<input type="checkbox"/>	Lorazepam	<input type="checkbox"/>	<input type="checkbox"/>	<b>Miscellaneous</b>		
Meperidine/ Normeperidine	<input type="checkbox"/>	<input type="checkbox"/>	Oxazepam	<input type="checkbox"/>	<input type="checkbox"/>	Gabapentin	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	<input type="checkbox"/>	<input type="checkbox"/>	Temazepam	<input type="checkbox"/>	<input type="checkbox"/>	Pregabalin	<input type="checkbox"/>	<input type="checkbox"/>
Tapentadol/ N-Desmethyltapentadol	<input type="checkbox"/>	<input type="checkbox"/>	Diazepam (and metabolites)	<input type="checkbox"/>	<input type="checkbox"/>	Ketamine	<input type="checkbox"/>	<input type="checkbox"/>
O/N-Desmethyltramadol	<input type="checkbox"/>	<input type="checkbox"/>	Desalkylflurazepam	<input type="checkbox"/>	<input type="checkbox"/>	<b>Illicit Drugs</b>		
Methadone/EDDP	<input type="checkbox"/>	<input type="checkbox"/>	Hydroxyethyl Flurazepam	<input type="checkbox"/>	<input type="checkbox"/>	Benzoyllecgonine (Cocaine metabolite)	<input type="checkbox"/>	<input type="checkbox"/>
Dextrophan	<input type="checkbox"/>	<input type="checkbox"/>	Flunitrazepam	<input type="checkbox"/>	<input type="checkbox"/>	6-Acetylmorphine (heroin metabolite)	<input type="checkbox"/>	<input type="checkbox"/>
Butorphanol	<input type="checkbox"/>	<input type="checkbox"/>	Chlordiazepoxide	<input type="checkbox"/>	<input type="checkbox"/>	Phencyclidine - PCP	<input type="checkbox"/>	<input type="checkbox"/>
<b>Opiate Antagonists</b>			Midazolam	<input type="checkbox"/>	<input type="checkbox"/>	MDMA/MDA	<input type="checkbox"/>	<input type="checkbox"/>
Naloxone	<input type="checkbox"/>	<input type="checkbox"/>	Triazolam	<input type="checkbox"/>	<input type="checkbox"/>	Carboxy THC	<input type="checkbox"/>	<input type="checkbox"/>
<b>Muscle Relaxant</b>			Estazolam	<input type="checkbox"/>	<input type="checkbox"/>	<b>Custom Panel</b>		
Carisoprodol	<input type="checkbox"/>	<input type="checkbox"/>	Nitrazepam	<input type="checkbox"/>	<input type="checkbox"/>	*Checking the box next to each drug class authorizes Assurance Scientific Laboratories to run drug class.		
Meprobamate	<input type="checkbox"/>	<input type="checkbox"/>	Clobazam	<input type="checkbox"/>	<input type="checkbox"/>			
Cyclobenzaprine	<input type="checkbox"/>	<input type="checkbox"/>	Nordiazepam	<input type="checkbox"/>	<input type="checkbox"/>			
			<b>Non-Benzo Hypnotics</b>					
			Zaleplon	<input type="checkbox"/>	<input type="checkbox"/>			
			Zolpidem	<input type="checkbox"/>	<input type="checkbox"/>			
			<b>Tricyclic Anti Depressants</b>					
			Amitriptyline	<input type="checkbox"/>	<input type="checkbox"/>			
			Nortriptyline	<input type="checkbox"/>	<input type="checkbox"/>			
			Imipramine	<input type="checkbox"/>	<input type="checkbox"/>			
			Desipramine	<input type="checkbox"/>	<input type="checkbox"/>			

**2 ICD 10 CODE(S)**

Z79.891  \_\_\_\_\_  
 Z79.899  \_\_\_\_\_  
 Z91.19  \_\_\_\_\_  
 F11.20  \_\_\_\_\_

**5 SPEC. COLLECTION INFORMATION**

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

**SPECIMEN INFORMATION**  
 Temperature read within 4 minutes and is in range of 90-100 °F  
 YES  NO If NO: Actual Temp: \_\_\_\_\_

Collector's Name: \_\_\_\_\_

**7 POINT OF CARE RESULTS**

	POS	NEG
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>
THC	<input type="checkbox"/>	<input type="checkbox"/>
MDMA	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	<input type="checkbox"/>	<input type="checkbox"/>
TCA	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>

**10 PRESCRIBED MEDICATIONS**

- Medication List Attached
- Patient Reports "No Medication"

**11 PHYSICIAN SIGNATURE**

**X**  
 Documentation to support medical necessity for all tests ordered should be recorded in the patient's chart. By not signing, Physician signature and test orders are required to be documented in patient's medical chart and available upon request.

**12 DATE RECEIVED STAMP**

To be filled out by the LAB

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

**Streamline Scientific**  
 2868 Acton Road, Suite 207  
 Birmingham, AL 35243  
 phone: 855.319.4459  
 fax: 877.796.6185

\* Notice to ordering practitioner: Practitioners must order only those tests that are medically necessary for the patient given his or her clinical condition. Practitioners must submit the diagnosis information for all tests ordered and medical necessity should be documented in the patient's medical record subject to sanctions or remedies under civil, criminal or administrative law. NOTE: Medicare generally does not cover routine screening tests.