Lake Nona DIAGNOSTICS

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COMPLIANCE • SCIENCE • INNOVATION

1701 Green Rd., Suite A-4, Deerfield Beach, FL 33064
CLIA# 10D2253796
6555 Sanger Rd., Suite 223, Orlando, FL 32137
CLIA# 10D2226625

TOXICOLOGY/COVID-19 TEST REQUISITION

PRACTICE INFOMATION

X _____
REQUESTING PHYSICIAN

SPECIALTY - MICROBIOLOGY

☐ COVID-19 (SARS-CoV-2)

SPECIALTY - URINE

☐ TOXICOLOGY SCREEN/LCMS CONFIRMATION

SPECIMEN INFORMATION

Temperature read within 4 minutes and is in the range of 32.5-37.7° (90.5-99.8°F) ☐ YES ☐ NO

☐ URINE ☐ NASOPHARYNGEAL SWAB

DATE COLLECTED | TIME COLLECTED | COLLECTOR'S NAME

PATIENT INFORMATION

☐ M ☐ F

LAST NAME | FIRST NAME | MI

GENDER | DATE OF BIRTH | SOCIAL SECURITY # | PHONE #

INSURANCE COMPANY | POLICY# | GROUP#

TOXICOLOGY SERVICES- LCMS mass spec analysis/Chemistry Analyzer analysis.

EIA Qualitative Screen

- ☐ ALL
- ☐ Amphetamines
- ☐ Benzodiazepines 6AM
- ☐ Buprenorphine
- ☐ Cocaine Metabolites Ecstasy (MDMA)
- ☐ ETG
- ☐ Opiates
- ☐ OxycodonePCP
- ☐ THC

VALIDITY MARKERS

- ☐ ALL
- ☐ Urine Creatinine
- ☐ Ph
- ☐ Oxidants
- ☐ Specific Gravity

ADAP PANEL
(17 DRUG CLASSIFICATIONS)

- ☐ 6-MAM
- ☐ Carisoprodol
- ☐ Cyclobenzaprine
- ☐ Desmethyltapentadol
- ☐ Dextromethorphan
- ☐ EDDP

ADAP PANEL (CONTINUED)

- ☐ Fentanyl
- ☐ Gabapentin
- ☐ Ketamine
- ☐ Meprobamate
- ☐ Meperidine
- ☐ Methadone
- ☐ Norfentanyl
- ☐ Norketamine
- ☐ Normeperidine
- ☐ O-Desmethyltramadol
- ☐ Propoxyphene Ritalinic Acid Tapentadol Tramadol
- ☐ Pentazocine Pregabalin
- ☐ Phencyclidine
- ☐ Kavain
- ☐ Mitragynine
- ☐ MDPV
- ☐ Alpha-PVP
- ☐ Ethylone
- ☐ Quetiapine
- ☐ N-Desmethyltapentadol
- ☐ Vanlafaxine
- ☐ Zaleplon

AMPHETAMINES

- ☐ Amphetamine
- ☐ Methamphetamine

BARBITURATES

- ☐ Amobarbital
- ☐ Butabarbital
- ☐ Butalbital
- ☐ Phenobarbital
- ☐ Secobarbital

BENZODIAZEPINES

- ☐ 7-Aminoclonazepam
- ☐ Alpha-Hydroxyalprazolam
- ☐ Alpha-Hydroxymidazolam
- ☐ Lorazepam
- ☐ Nordiazepam
- ☐ Oxazepam
- ☐ Temazepam

BUPRENORPHINE

- ☐ Buprenorphine
- ☐ Norbuprenorphine

COCAINE

- ☐ Benzoylecgonine

MDMA

- ☐ Ecstasy (MDMA)

OPIATES

- ☐ Codine
- ☐ Hydrocodone
- ☐ Hydromorphone
- ☐ Morphine
- ☐ Oxymorphone
- ☐ Norhydrocodone

OXYCODONE

- ☐ Oxycodone
- ☐ Noroxycodone

THC

- ☐ Tetrahydrocannabinolic Acid

PATIENT AUTHORIZATION

I consent to the collection and testing of the specimen (blood, urine, oral fluid or hair) for drugs and/or alcohol and certify that the specimen(s) submitted to the laboratory is/are my own and accuracy labeled and securely sealed. I consent to the reporting of results only to the employer or requesting agency. I herby authorize Lake Nona Diagnostics to furnish my designated insurance carrier the information on this form if necessary for reimbursement. I also authorize benefits to be payable to Lake Nona Diagnostics. If my insurer pays me directly, I agree to endorse the check and forward it to Lake Nona Diagnostics within 20 days. I understand that I am responsible for any amounts not paid by insurance for reasons including, but not limited to, non-covered and unauthorized services. I permit a copy of this authorization to be used in place of the original.

PATIENT SIGNATURE: _____ DATE: _____

PHYSICIAN'S SIGNATURE _____ DATE: _____