



700000

22 Meridian Road, Unit 7, Edison, NJ 08820
Phone: 732-474-1120, Fax: 732-321-1150

SPECIMEN COLLECTION/INFORMATION

Patient Initials: _____ Date: ___/___/___ Time: ___:___:___ am pm
Donor's Initials: _____

1. PATIENT & ACCOUNT INFORMATION

ACCOUNT	PATIENT INFORMATION	
	Last Name: _____ First Name: _____	
	Middle Name: _____ <input type="checkbox"/> F <input type="checkbox"/> M DOB: ___/___/___ Phone: (____)____ - _____	
	Address: _____ SSN: _____ - _____ - _____	
	City: _____ State: _____ Zip: _____ Pt. ID: _____	
BILLING INFORMATION	RELATIONSHIP	DIAGNOSIS CODES (ICD - 10)
<input type="checkbox"/> Patient <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance <input type="checkbox"/> Auto Injury <input type="checkbox"/> Client <input type="checkbox"/> Medicaid <input type="checkbox"/> Workers Comp/PIP (see below)	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	_____ _____ _____ _____
ADDITIONAL INFORMATION (Required for all Workers Comp or if no insurance card is attached) Case # _____ Employer/Attorney Name: _____ Date of Injury/Accident: _____ Phone # _____	Insurance Company: _____ Member # _____	

2. PARENT DRUG (PRESCRIBED MEDICATIONS)

<input type="checkbox"/> ALPRAZOLAM (XANAX)	<input type="checkbox"/> CYCLOBENZAPRINE (AMRIX, FEXMID, FLEXTRIL)	<input type="checkbox"/> LORAZEPAM (ATIVAN, LORAZAPAM INTENSOL)	<input type="checkbox"/> OXYMORPHONE (OPANA IR, NUMORPHAN)	<input type="checkbox"/> VENLAFAXINE (EFFEXOR)
<input type="checkbox"/> AMITRIPTYLINE (ELAVIL)	<input type="checkbox"/> DESIPRAMINE (NORPRAMINE, PERTOFRANE)	<input type="checkbox"/> MAPROTIline (LUDIOMIL)	<input type="checkbox"/> PHENOBARBITAL (LUMINAL, SOLFOTON)	<input type="checkbox"/> VILAZODONE (VIIBRYD)
<input type="checkbox"/> AMPHETAMINE (ADDERALL, VYVANSE)	<input type="checkbox"/> DIAZEPAM (VALIUM)	<input type="checkbox"/> MEPERIDINE (DEMEROL, MEPEKITAB)	<input type="checkbox"/> PHENYTOIN (DILANTIN)	<input type="checkbox"/> ZALEPLON (SONATA)
<input type="checkbox"/> ARIPIPRAZOLE (ABILIFY, ARISTADA)	<input type="checkbox"/> DOXEPIN (DEPTRAN, PRUDOXIN, SINEQUAN)	<input type="checkbox"/> METHADONE (DOLOPHINE, METHADOSE)	<input type="checkbox"/> PREGABALIN (LYRICA)	<input type="checkbox"/> ZIPRASIDONE (GEODONE, ZELDOX)
<input type="checkbox"/> BUPRENORPHINE (SUBETEX, SUBOXONE)	<input type="checkbox"/> FENTANYL (DURAGESIC, LONSYS, SUBLIMAZE)	<input type="checkbox"/> METHYLPHENIDATE (RITALIN)	<input type="checkbox"/> QUETIAPINE (SEROQUEL)	<input type="checkbox"/> ZOLPIDEM (AMBIEN, INTERMEZZO)
<input type="checkbox"/> BUTALBITAL (FIORICET, FIORINAL)	<input type="checkbox"/> FLUOXETINE (PROZAC)	<input type="checkbox"/> MORPHINE (AZINZA, MS CONTIN, ORAMORPH)	<input type="checkbox"/> SERTRALINE (ZOLOFT)	<input type="checkbox"/> ZONISAMIDE (ZONEGRAN)
<input type="checkbox"/> CARISOPRODOL (SOMA, VANADOM)	<input type="checkbox"/> GABAPENTIN (GRASILE, NEURONTIN)	<input type="checkbox"/> NALTREXONE (REVIA, VIVITROL)	<input type="checkbox"/> TAPENTADOL (NUCYNTA, PALEXIA)	<input type="checkbox"/> MEDICATION LIST ATTACHED
<input type="checkbox"/> CITALOPRAM (CELEXA, CIPRAMIL)	<input type="checkbox"/> HYDROCODONE (LORCET, LORTAB, NORCO, VICODIN)	<input type="checkbox"/> NORTRIPTYLINE (ALLEGRON, AVENTYL)	<input type="checkbox"/> TEMAZEPAM (RESTORIL)	<input type="checkbox"/> OTHER
<input type="checkbox"/> CLONAZEPAM (KLONOPIN)	<input type="checkbox"/> HYDROMORPHONE (DILAUDID, EXALGOL)	<input type="checkbox"/> OXAZEPAM (SERAX)	<input type="checkbox"/> TRAMADOL (CONZIP, RYZOLT, ULTRAM)	<input type="checkbox"/> OTHER
<input type="checkbox"/> CODEINE (TYLENOL III, TYLENOL IV, VOPAC)	<input type="checkbox"/> IMIPRAMINE (MELIPRAMINE, TOFRANIL)	<input type="checkbox"/> OXYCODONE (OXYCONTIN, PERCOCET, PERCODAN)	<input type="checkbox"/> TRIMIPRAMINE (SURMONTIL)	<input type="checkbox"/> OTHER

3. ORDER TESTS

A. DS-09 9 PANEL SCREEN W/ REFLEX TO CONFIRMATION **B. H 860: 10 PANEL SCREENING WITHOUT CONFIRMATION**

V003 <input type="checkbox"/> Amphetamine	V046 <input type="checkbox"/> THC (Cannabinoids)	V068 <input type="checkbox"/> Opiates	V067 <input type="checkbox"/> Oycodone
V021 <input type="checkbox"/> Barbiturates	V036 <input type="checkbox"/> Cocaine	V045 <input type="checkbox"/> Phencyclidine (PCP)	10 PANEL & 13 PANEL SCREENING , Specimen validity is included
V167 <input type="checkbox"/> Benzodiazepine	V074 <input type="checkbox"/> Methadone	V079 <input type="checkbox"/> Propoxyphene (PPX)	

Standard 5 Panel DS-5 AMP, BENZ, COC, THC, OPI Standard 13 Panel DS-13 AMP, BARB, BENZ, THC, COC, MET, OPI, PCP, PPC, OXY, TCA, MDMA, ETOH

C. XOCB: COMPREHENSIVE QUANTITATIVE DRUG ANALYSIS WITHOUT ALCOHOL

CUSTOM PROFILES

Specimen Type Urine Oral Swab (For Oral fluid testing analyte list, please turn over) Specimen Validity Test (Urine Only)

XP04 <input type="checkbox"/> ALCOHOL	BA02 <input type="checkbox"/> BATH SALTS/SYN. CATHINONES	V346	Meprobamate (Carisoprodol Metab.)	V227	Meperidine
V390 Ethyl Glucuronide (ETG)	V369 Alpha-PVP			V226	Methadone
V391 Ethyl Sulfate (ETS)	V048 Butylone	XP07 <input type="checkbox"/>	NATURAL OPIATES***	V338	Norbuprenorphine
	V377 Ethylone	V254	Codeine	V339	Norfentanyl
XP10 <input type="checkbox"/> ANTIPILEPTICS***	V394 MDPV	V253	Morphine	V343	Normeperidine
V006 Carbamazepine Metabolite	V378 Mephedrone			V341	O-Desmethyltramadol
V251 Gabapentin	V376 Methylone	XP08 <input type="checkbox"/>	SEMISYNTHETIC OPIOIDS***	V218	Propoxyphene
V333 Lamotrigine	V379 Naphyrone	V255	Hydrocodone	V229	Tapentadol
V501 Oxcarbazepine		V332	Hydromorphone	V080	Tramadol
V349 Phenytoin	BD01 <input type="checkbox"/> BENZODIAZEPINES***	V392	Norhydrocodone		
V252 Pregabalin	V327 2-Hydroxyethylflurazepam	V335	Noroxycodone	J206 <input type="checkbox"/>	SYNTHETIC CANNABINOIDS K2/SPICE
V502 Tiagabine	V324 7-Aminoclonazepam***	V256	Oxycodone	V383	JWH-122 4-Hydroxypentyl
V340 Topiramate	V325 7-Aminoflunitrazepam	V334	Oxymorphone	V380	JWH-210 4-Hydroxypentyl
V336 Zonisamide	V023 Alpha-Hydroxyalprazolam			V384	JWH-250 4-Hydroxypentyl
	V328 Alpha-Hydroxymidazolam	XP12 <input type="checkbox"/>	SNRI		
XP11 <input type="checkbox"/> ANTIPSYCHOTIC	V205 Alprazolam	V315	Duloxetine	XP03 <input type="checkbox"/>	TRI/TETRA CYCLIC ANTIDEPRESSANTS
V350 7-Hydroxyquetiapine	V214 Lorazepam	V311	Venlafaxine	V246	Amitriptyline
V320 9-Hydroxyrisperidone	V206 Nordiazepam			V244	Desipramine
V356 Asenapine	V215 Oxazepam	XP02 <input type="checkbox"/>	SSRI	V312	Desmethyltrimipramine
V355 Chlorpromazine	V217 Temazepam	V313	Fluoxetine	V245	Imipramine
V351 Dehydro Aripiprazole		V316	Hydroxybupropion	V310	N-Desmethylclomipramine
V354 Haloperidol	IL01 <input type="checkbox"/> ILLICITS***	V309	N-Desmethylcitalopram	V306	N-Desmethyldoxepin
V352 N-Desmethylclozapine	V240 6-Monoacetylmorphine (Heroin Metab.)	V307	Paroxetine	V305	Nortriptyline
V353 N-Desmethyllanzapine	V367 Benzoylcegonine (Cocaine Metab.)	V309	Sertraline	V248	Trazodone
V321 Ziprasidone	V239 MDA			V326	Maprotiline
	V237 MDEA	XP06 <input type="checkbox"/>	STIMULANTS***		
XC02 <input type="checkbox"/> ATYPICAL ANTIDEPRESSANTS	V238 MDMA	V257	Amphetamine	<input type="checkbox"/>	OTHER***
V270 Buspirone	V368 PCP	V262	Atomoxetine	V358	6 Beta-Naltrexol
V330 N-desmethyilmirtazapine	V370 THC-COOH	V272	Ephedrine	V266	cZolpidem
V331 Vilazodone		V259	Methamphetamine	V359	Dextrophan
	XP05 <input type="checkbox"/> KRATOM	V304	Ritalinic Acid	V242	Ketamine
OF07 <input type="checkbox"/> BARBITURATES	V365 7-Hydroxymitragynine			V224	Naloxone
V201 Butalbital	V365 Mitragynine	XP09 <input type="checkbox"/>	SYNTHETIC OPIOIDS***	V348	Norketamine
V202 Phenobarbital		V219	Buprenorphine	V044	Psilocin
V203 Secobarbital	OF01 <input type="checkbox"/> MUSCLE RELAXERS***	V342	EDDP (Methadone Metabolite)	V264	Zaleplon
	V267 Cyclobenzaprine	V220	Fentanyl		



4 PATIENT AUTHORIZATION (Required)
I certify that I voluntarily provided a fresh and unadulterated urine specimen for analytical testing. The information provided on this form and on the label offered to the specimen cup is accurate. I authorize Avantic to release the results to the treating authorized healthcare provider or facility. I hereby authorize my insurance benefits to be paid directly to Avantic for services I received. I understand that Avantic may be an out of network provider with my insurer. I also understand that sometimes my insurance will send the payment directly to me. I agree to endorse the insurance check and send it to Avantic immediately. Failure to send payment within 30 days of receipt could result in my account being turned over to collections and reported to the Credit Bureau.
Patient Signature: _____ Date: ___/___/___

5 PHYSICIAN SIGNATURE (Required)
I authorize the above ordered list(s)
Authorized Healthcare Provider Signature: _____ Date: ___/___/___



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ORAL SWAB CONFIRMATORY TESTING

AMPHETAMINES/STIMULANTS	OPIATES/OPIOIDS	MUSCLE RELAXANT
Amphetamines	Codeine	Meprobamate (Carisoprodol Metab)
Methamphetamine	Hydrocodone	
	Hydromorphone	SYNTHETIC OPIOIDS
ANTICONVULSANT	Morphine	Buprenorphine
Gabapentin	Norhydrocodone	EDDP
Pregabalin	Dihydrocodone	Fentanyl
	Oxycodone	Meperidine
BENZODIAZEPINES	Oxymorphone	Methadone
7-Amino Clonazepam	Noroxymorphone	Naloxone
Alprazolam	Noroxycodone	Naltrexone
Clonazepam		Norbuprenorphine
Diazepam	ILLICIT DRUGS	Norfentanyl
Flunitrazepam	6-MAM	Normedperidine
Flurazepam	PCP	O-Desmethyl Tramadol
Midazolam	Benzoyllecgonine (cocaine Metb)	Sufentanil
Nordiazepam	THC-COOH	Tapentadol
Oxazepam	MDA	Tramadol
Temazepam	MDEA	Norpropoxyphene
	MDMA	

SPECIMEN REQUIREMENTS:

Minimum of 30 ml of Unadulterated urine specimen is required for Screening and Confirmatory testing.
 Urine specimen should be transported to the lab within 8 hours of collection at Room Temp.
 Urine specimen should be labelled with the label provided on the Toxicology Requisition form.
 Urine specimen for toxicology testing should not be shared with any other testing.
 Any urine specimen not consistent with above requirements shall be rejected.

PAIN MANAGEMENT CODES

Z79.891 Long term (current) use of opiate analgesic Note: If methadone use for heroin addiction – Use with F11-F19 codes Z79.899 Other long term (current) drug therapy Note: Any therapeutic drug level monitoring – Z51.81
 If drug abuse and dependence – Use with F11-F19 codes Z79.3
 Long term (current) use of hormonal contraceptives Long-term (current) use of other medications Note: These codes (Z79.891, Z79.899, and Z79.3) MUST be accompanied by a primary billing code for a related injury or illness M54.89

M54.9	Other dorsalgia	M79.602	Pain in right arm
M47.817	Dorsalgia, unspecified	M79.603	Pain in left arm
M47.26	Spondylosis without myelopathy or radiculopathy, lumbosacral region	M79.604	Pain in arm, unspecified
M47.27	Other spondylosis with radiculopathy, lumbar region	M79.605	Pain in right leg
M47.28	Other spondylosis with radiculopathy, lumbosacral region	M79.606	Pain in left leg
M47.816	Other spondylosis with radiculopathy, sacral and sacro-coccygeal region	M79.621	Pain in leg, unspecified
M47.818	Spondylosis without myelopathy or radiculopathy, lumbar region	M79.622	Pain in right upper arm
M47.896	Spondylosis without myelopathy or radiculopathy, sacral and sacro-coccygeal region	M79.629	Pain in left upper arm
M47.897	Other spondylosis, lumbar region	M79.631	Pain in unspecified upper arm
M47.898	Other spondylosis, lumbosacral region	M79.632	Pain in right forearm
M54.12	Other spondylosis, sacral and sacro-coccygeal region	M79.639	Pain in left forearm
M54.13	Radiculopathy, cervical region	M79.641	Pain in unspecified forearm
M54.11	Radiculopathy, cervicothoracic region	M79.642	Pain in right hand
729.1	Radiculopathy, occipito-atlanto-axial region	M79.643	Pain in left hand
M79.609	Myalgia and Myositis Nos		Pain in unspecified hand
M79.601	Pain in unspecified limb		