LABORATORY

TOXICOLOGY REQUISITION FORM

P: 314.743.3748 | F: 314.743.3749 | AIMLABORATORIES.COM | CLIA # 26D1101934

AIM LABORATORIES

1 SAMPLE INFO (Required)

MM/DD/YY:___/___/___ Time:__:__ Collected by:____ Temp:___

2 BILLING INFO (Required)

☐Insurance ☐Self Pay ☐Workers' Comp
☐Personal Injury ☐Client Bill Date of Injury __/__/__

Attach patient demographics and copy of both sides of current insurance card (preferred) OR

Insured: ☐Self ☐Spouse ☐Dependent ☐Other_____

Policy/ID#_____ Group #_____

Insurance Carrier_____ Phone #_____

3 PATIENT INFO (Required)

Last Name:_____ First Name:_____ MI:___
Gender: ☐M ☐F DOB:__/__/__ Phone:(___)_____

_____
Address City State ZIP

4 DIAGNOSIS CODES (ICD-10)

_____ _____ _____ _____

5 SPECIMEN

☐Oral ☐Urine

6 RECORD POSITIVE POC RESULTS

☐AMP ☐BAR ☐BUP ☐BZO ☐COC ☐mAMP ☐MDMA ☐MTD ☐OPI ☐OXY ☐TCA ☐THC ☐OTHER_____

Please see reverse side of requisition form for a list of test compounds

7 LAB BASED QUALITATIVE TEST ORDERS

☐**AIM TOX A** (*with THC*)**-** AMP, BAR, BUP, BZO, COC, MTD, OPI, OXY, PCP, THC
☐**AIM TOX B** (*without THC*)**-** AMP, BAR, BUP, BZO, COC, MTD, OPI, OXY, PCP
Additional qualitative or semi-quantitative tests:
- ☐ Ethyl Glucuronide (EtG) [No confirmation test available]
- ☐ Cotinine (Nicotine metabolite) [No confirmation test available]
- ☐ Tricyclic Antidepressants (TCA)

Validity will be assessed on all specimens with lab based qualitative or quantitative testing performed: Creatinine, pH, Specific Gravity ☐ Creatinine only

8 PRESCRIPTION

All marked medications will have quantitative testing performed.

- ☐Alprazolam (Xanax)
- ☐Amitriptyline (Elavil)*
- ☐Amphetamine (Adderall)
- ☐Buprenorphine (Zubsolv, Suboxone)
- ☐Butalbital (Fioricet, Fiorinal)
- ☐Carisoprodol (Soma)*
- ☐Clonazepam (Klonopin)*
- ☐Codeine (Tylenol 3)
- ☐Cyclobenzaprine (Flexeril)*
- ☐Desipramine (Norpramin)*
- ☐Diazepam (Valium)
- ☐Doxepin (Sinequan)*
- ☐Fentanyl (Duragesic, Actiq)*
- ☐Fluoxetine (Prozac, Sarafem)*
- ☐Gabapentin (Neurontin, Gralise)*
- ☐Hydrocodone (Vicodin, Norco)
- ☐Hydromorphone (Dilaudid)
- ☐Imipramine (Tofranil)*
- ☐Lorazepam (Ativan)
- ☐Meperidine (Demerol)*
- ☐Meprobamate (Miltown)*
- ☐Methadone (Methadose, Dolophine)
- ☐Methylphenidate (Ritalin, Concerta)*
- ☐Morphine (Avinza, Embeda)
- ☐Naltrexone (Revia, Vivitrol)*
- ☐Nortriptyline (Pamelor)*
- ☐Oxycodone (Percodan)
- ☐Oxymorphone (Opana)
- ☐Paroxetine (Paxil, Pexeva)*
- ☐Phenobarbital (Luminal)
- ☐Phentermine (Adipex, Supreza)*
- ☐Pregabalin (Lyrica)*
- ☐Tapentadol (Nucynta)*
- ☐Temazepam (Restoril)*
- ☐THC (Marijuana)
- ☐Tramadol (Ultram)*
- ☐Venlafaxine (Effexor)*
- ☐Zaleplon (Sonata)*
- ☐Zolpidem (Ambien)*
- ☐_____
- ☐_____

9 SELECT TESTING OPTIONS (Required)

☐Confirm positive presumptive tests from Section 6 and/or any which reflex from qualitative lab based screens in Section 7.

☐Perform no quantitative testing resulting from positive presumptive screening tests in Section 6 or 7.

10 CLINICAL PURPOSE

Clinical Info/indicator(s) supporting order for definitive testing:

☐ Presumptive result is inconsistent with patient's self-report, presentation, medical history or current prescribed medication plan.

☐ Definitive concentration of drug is clinically necessary to guide patient care managment.

☐ Identify specific drugs in a large family of drugs.

☐ Suspected use of substance either not detected or inadequately detected by presumptive testing presumptive result.

☐ Rule out error as the cause of a negative.

☐ Other_____
_____
_____

11 LAB BASED QUANTITATIVE TEST ORDERS

Definitive codes may report multiple compounds and metabolite(s)

☐**Amphetamines**
Amphetamine/Meth
Phentermine*

☐**Antidepressants, Tricyclic & Other Cyclicals**
Amitriptyline*
Desipramine*
Doxepin*
Imipramine*
Nortriptyline*

☐**Antidepressants, Serotonergic Class**
Citalopram*
Duloxetine*
Fluoxetine*
Paroxetine*
Sertraline*
Venlafaxine*

☐**Barbiturates**
Butalbital
Phenobarbital

☐**Benzodiazepines**
Alprazolam
Clonazepam*
Diazepam
Lorazepam*
Oxazepam*
Temazepam*

☐**Buprenorphine**

☐**Cannabinoids**
Marijuana, THC-COOH

☐**Cocaine**
☐**Fentanyl***
☐**Gabapentin***
☐**6-AM (Heroin)**
☐**Ketamine***

☐**MDMA (Ecstasy)**
☐**Methadone**
☐**Methylphenidate***

☐**Opiates**
Codeine
Hydromorphone
Hydrocodone
Morphine

☐**Opioids/Opiate Analogs**
Meperidine*
Naltrexone*

☐**Oxycodone**
Oxymorphone

☐**PCP (Phencyclidine)**
☐**Pregabalin***

☐**Sedative Hypnotics**
Zaleplon*
Zolpidem*

☐**Skeletal Muscle Relaxants**
Carisoprodol*
Cyclobenzaprine*
Meprobamate*

☐**Tapentadol***
☐**Tramadol***

***denotes n/a in OF**

12 PHYSICIAN AUTHORIZATION (Required)

Practitioner Name:_____
NPI#_____
Clinic Name:_____
Location:_____

By signing this form, I certify that I am ordering this test based on medical necessity.
Physician Signature:_____

13 PATIENT CONSENT/ AUTHORIZATION (Required)

REIMBURSEMENT: I hereby authorize the release of medical information/physician medical records related to the service described herein and authorized payment directly to AIM. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

Patient Signature:_____

Date:_____