

CLIA#: 01-D20774949

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 declare 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 Streamline Scientific (SS) to release the results of this test to my treating physician or facility. I hereby authorize my insurance or other payment to SS for services I receive. I am aware that SS 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 SS 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 UTD 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	Prescribed Medication		Confirmation Test	Prescribed Medication		Confirmation Test	Prescribed Medication
Opiates			CNS Stimulants			Illicit Drugs		
Codeine	<input type="checkbox"/>	<input type="checkbox"/>	Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	Benzoyllecgonine (Cocaine metabolite)	<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"/>	6-Acetylmorphine (heroin metabolite)	<input type="checkbox"/>	<input type="checkbox"/>
Hydromorphone	<input type="checkbox"/>	<input type="checkbox"/>	Phentermine	<input type="checkbox"/>	<input type="checkbox"/>	MDMA/MDA	<input type="checkbox"/>	<input type="checkbox"/>
Morphine	<input type="checkbox"/>	<input type="checkbox"/>	Methylphenidate/Ritalinic Acid	<input type="checkbox"/>	<input type="checkbox"/>	Carboxy THC	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone/Oxymorphone	<input type="checkbox"/>	<input type="checkbox"/>	Benzodiazepines			Miscellaneous		
Oxymorphone	<input type="checkbox"/>	<input type="checkbox"/>	7-Aminoclonazepam	<input type="checkbox"/>	<input type="checkbox"/>	Gabapentin	<input type="checkbox"/>	<input type="checkbox"/>
6-Acetylmorphine (heroin metabolite)	<input type="checkbox"/>	<input type="checkbox"/>	Alpha-hydroxylprazolam	<input type="checkbox"/>	<input type="checkbox"/>	Pregabalin	<input type="checkbox"/>	<input type="checkbox"/>
Opioid / Analgesics			Lorazepam	<input type="checkbox"/>	<input type="checkbox"/>	Custom Panel		
Buprenorphine/Nobuprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	Oxazepam	<input type="checkbox"/>	<input type="checkbox"/>	*Checking the box next to each drug class authorizes Streamline Scientific to run drug class.		
Fentanyl/Norfentanyl	<input type="checkbox"/>	<input type="checkbox"/>	Temazepam	<input type="checkbox"/>	<input type="checkbox"/>			
Meperidine/Normeperidine	<input type="checkbox"/>	<input type="checkbox"/>	Diazepam (and metabolites)	<input type="checkbox"/>	<input type="checkbox"/>			
Tapentadol/N-Desmethyltapentadol	<input type="checkbox"/>	<input type="checkbox"/>	Desalkylflurazepam	<input type="checkbox"/>	<input type="checkbox"/>			
O/N-Desmethyltramadol	<input type="checkbox"/>	<input type="checkbox"/>	Hydroxyethyl Flurazepam	<input type="checkbox"/>	<input type="checkbox"/>			
Methadone/EDDP	<input type="checkbox"/>	<input type="checkbox"/>	Chlordiazepoxide	<input type="checkbox"/>	<input type="checkbox"/>			
Opiate Antagonists			Triazolam	<input type="checkbox"/>	<input type="checkbox"/>			
Naloxone	<input type="checkbox"/>	<input type="checkbox"/>	Nordiazepam	<input type="checkbox"/>	<input type="checkbox"/>			
Muscle Relaxant			Non-Benzo Hypnotics					
Carisoprodol	<input type="checkbox"/>	<input type="checkbox"/>	Zaleplon	<input type="checkbox"/>	<input type="checkbox"/>			
Meprobamate	<input type="checkbox"/>	<input type="checkbox"/>	Zolpidem	<input type="checkbox"/>	<input type="checkbox"/>			
Cyclobenzaprine	<input type="checkbox"/>	<input type="checkbox"/>	Tricyclic Anti Depressants					
			Amirityptiline	<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
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 Birmingham, AL 35243
 phone: 855.319.4459
 fax: 205-235-1258

* 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.