streamline scientific

CLIA#: 01-D20774949

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Practice Name: _____
Address: _____
_____
Physician: _____

1 PATIENT INFORMATION

Last Name: _____ First Name: _____
Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female
☐ Insurance: _____ ☐ Self-Pay

2 ICD 10 CODE(S)

☐ Z79.891 ☐ _____
☐ Z79.899 ☐ _____
☐ Z91.19 ☐ _____
☐ F11.20 ☐ _____

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 **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: _____

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: _____

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.

7 POINT OF CARE RESULTS

	POS	NEG
Amphetamines	☐	☐
Barbiturates	☐	☐
Opiates	☐	☐
Methamphetamine	☐	☐
Methadone	☐	☐
THC	☐	☐
MDMA	☐	☐
Oxycodone	☐	☐
Phencyclidine	☐	☐
TCA	☐	☐
Buprenorphine	☐	☐
Propoxyphene	☐	☐
Cocaine	☐	☐
Benzodiazepines	☐	☐

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
☐ Opiates		
Codeine	☐	☐
Hydrocodone (and metabolites)	☐	☐
Hydromorphone	☐	☐
Morphine	☐	☐
Oxycodone/ Oxymorphone	☐	☐
Oxymorphone	☐	☐
6-Acetylmorphine (heroin metabolite)	☐	☐
☐ Opioid / Analgesics		
Buprenorphine/ Nobuprenorphine	☐	☐
Fentanyl/Norfentanyl	☐	☐
Meperidine/ Normeperidine	☐	☐
Tapentadol/ N-Desmethyltapentadol	☐	☐
O/N-Desmethyltramadol	☐	☐
Methadone/EDDP	☐	☐
☐ Opiate Antagonists		
Naloxone	☐	☐
☐ Muscle Relaxant		
Carisoprodol	☐	☐
Meprobamate	☐	☐
Cyclobenzaprine	☐	☐

	Confirmation Test Order	Prescribed Medication
☐ CNS Stimulants		
Amphetamine	☐	☐
Methamphetamine (and reflexive isomer)	☐	☐
Phentermine	☐	☐
Methylphendiate/ Ritalinic Acid	☐	☐
☐ Benzodiazopines		
7-Aminoclonazepam	☐	☐
Alpha-hydroxyalprazolam	☐	☐
Lorazepam	☐	☐
Oxazepam	☐	☐
Temazepam	☐	☐
Diazepam (and metabolites)	☐	☐
Desalkylflurazepam	☐	☐
Hydroxyethyl Flurazepam	☐	☐
Chlordiazepoxide	☐	☐
Triazolam	☐	☐
Nordiazepam	☐	☐
☐ Non-Benzo Hypnotics		
Zaleplon	☐	☐
Zolpidem	☐	☐
☐ Tricyclic Anti Depressants		
Amitryptiline	☐	☐
Nortriptyline	☐	☐
Imipramine	☐	☐
Desipramine	☐	☐

	Confirmation Test Order	Prescribed Medication
☐ Illicit Drugs		
Benzoylecgonine (Cocaine metabolite)	☐	☐
6-Acetylmorphine (heroin metabolite)	☐	☐
MDMA/MDA	☐	☐
Carboxy THC	☐	☐
☐ Miscellaneous		
Gabapentin	☐	☐
Pregabalin	☐	☐
☐ Custom Panel		

*Checking the box next to each drug class authorizes **Streamline Scientific** to run drug class.

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: _____

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* 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.

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