



# TEST REQUISITION FORM

18242 W McDermott Ste C Irvine, CA 92614  
 PHONE: 949.385.3535  
 FAX: 949.528.1313

Lab Director Name: Dr Roger Der, MD.  
 CLIA #: 05D2281867 NPI: 1124752480  
 State ID#: CLF-90009295

|   |       |      |                   |               |                          |   |   |
|---|-------|------|-------------------|---------------|--------------------------|---|---|
| PATIENT'S LAST NAME (PRINT)             | FIRST | M.I. | SEX               | DATE OF BIRTH | DATE COLLECTED           | TIME COLLECTED<br><input type="checkbox"/> AM <input type="checkbox"/> PM | Temp. read within 4 mins and within 32.0 - 37.0° <input type="checkbox"/> ES <input type="checkbox"/> O |
| PATIENT BILLING ADDRESS                 |       |      | PATINET TELEPHONE |               | REFERRING PHYSICIANS (S) |   | DIAGNOSIS CODE (S)  |
| CITY                                    |       |      | STATE             |               | ZIP CODE                 |   |   |
| BILL TO                                 |       |      |                   |               |                          |   |   |
| MEDICARE NO.                            |       |      |                   | PATIENT ID    |                          |   |   |
| MEDI-CAL NO.                            |       |      |                   | ISSUE DATE    |                          |   |   |
| PLAN NAME / INSURANCE COMPANY / CARRIER |       |      | ADDRESS           |               | SUBSCRIBER NO.           |   | GROUP NO.   |

| PRESCRIBED MEDICATION (S)                    | RECORD PONT-OF-CARE RESULTS |                          |                          |                          |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|
|  | POS(+)                      | NEG (-)                  | POS(+)                   | NEG (-)                  |
| <input type="checkbox"/> ACTIQ               | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> ADDERALL            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> ALPRAZOLAM          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> AMBIEN              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> AMITRIPTYLINE       | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> AMPHETAMINE         | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> APLENZIN            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> ARIPIPIAZOLE        | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> ATIVAN              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> AVINZA              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> BUPRENORPHINE       | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> BUPROPION           | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> BUTALBITAL          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> BUTRANS             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> CARISOPRODOL        | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> CELEXA              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> CHLORDIAZEPOXIDE    | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> CITALOPRAM          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> CLONAZEPAM          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> CLOZAPINE           | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> CODEINE             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> CONCERTA            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> CYCLOBENZAPRINE     | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> DEMEROL             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> DEXEDRINE           | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> DEXTROAMPHETAMINE   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> DIAZEPAM            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> DILAUDID            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> DULOXETINE          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> DURAGESIC           | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> EMBEA               | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> ENDOCET             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> ESGIC               | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> EXALGO              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> FENTANYL            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> FIORICET            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> FLORINAL            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> FELEXERIL           | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> GABAPENTIN          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> HALCION             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> HALOPERIDOL         | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> HYDROCODONE         | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> HYDROMORPHONE       | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> KADIAN              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> KLONOPIN            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> LEVORPHANOL         | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> LIBRIUM             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> LORAZEPAM           | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> LORCET              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> LORTAB              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> LYRICA              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> MARINOL             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> MEPERIDINE          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> METHADONE           | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> METHYLPHENIDATE     | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> MORPHINE            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> MS CONTIN           | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> MSIR                | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> NEURONTIN           | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> NALTREXONE          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> NORCO               | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> NORTRIPTYLINE       | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> NUCYNTA             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> OPANA               | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> OXAZEPAM            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> OXYCODONE           | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> OXYCONTIN           | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> OXYMORPHONE         | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> PAROXETINE          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> PERCOCET/PERCODAN   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> PHENOBARBITAL       | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> PHENTERMINE         | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> PREGABALIN          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> QUETIAPINE          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> RESTORIL            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> RITALIN             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> ROXICET             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> ROXICODONE          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SERAX               | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOMA                | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SUBOXONE/SUBUTEX    | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> TAPENTADOL          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> TEMAZEPAM           | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> TRAMADOL            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> TRIAZOLAM           | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> TYLENOL W/ CODEINE  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> ULTRAM/ULTRACET     | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> VALIUM              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> VENLAFIXINE         | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> VERSED              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> VICODINE/VICOPROFEN | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> VYVANSE             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> WELLBUTRIN          | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> XANAX               | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> ZOLPIDEM            | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### SELECT TESTING PANEL / DRUG CLASSES - CHECK BOX BELOW

- COMPREHENSIVE DRUG CONFIRMATION PROFILE (EIA & LCMS-MS)**
  - Specimen Validity Tests: (PH & Creatinine)
  - Drug Screening EIA Panel (Amph, Barb, Bup, Benzo, Coc, Alcohol, Methadone, Opi)
  - LCMS-MS Confirmation Drugs (7-Amino Clonazepam, Alpha-Hydroxy Alprazolam, Alpha-PVP, Alprazolam, Amitriptyline, Amphetamine, Buprenorphine, Bupropion, Carisoprodol-SOMA, Citalopram, Cocaine Metabolite (Benzoylcegonine), Codeine, Cyclobenzaprine, Desmethyldoxepin, Duloxetine, Fentanyl, Fluoxetine, Gabapentin, Heroin, etabolite (6MAM), Hydrocodone, Hydromorphone, Ketamine, Lorazepam, MDA, MDMA, Meperidine, Meprobamate, Methadone, Methadone Metabolite (EDDP), Methamphetamine, Methylphenidate, Mirtazapine, Morphine, Naloxone, Naltrexone, Norbuprenorphine, Nordiazepam, Norfentanyl, Norhydrocodone, Normeperidine, Noroxycodone, Nortriptyline, O-Desmethyl-Cis-Tramadol, Oxazepam, Oxycodone, Oxymorphone, Paroxetine, Phencyclidine-PCP, Phentermine, Pregabalin, Propoxyphene, Sertraline, Tapentadol, Temazepam, THC-11-Nor-Delta-9-Carboxy, Tramadol, Venlafaxine, Zolpidem)
- INDIVIDUAL TESTS (Please Select Tests Below)**
  - Amphetamines (Amph, MethAmph, Phentermine)
  - Antidepressants, others (Venlafaxine)
  - Antidepressants, serotonergic (Citalopram, Paroxetine, Sertraline, Duloxetine, Fluoxetine)
  - Antidepressants, Tricyclic (Amitriptyline, Nortriptyline, Desmethyldoxepin)
  - Benzodiazepines (Alprazolam, Alpha-OH Alprazolam, 7-Amino Clonaz, Oxazepam, Nordiaz, Diazepam, Temaz, Loraz)
  - Buprenorphine (Buprenorphine, Norbuprenorphine)
  - Cannabinoids, natural (THC-11-nor delta 9 carboxy)
  - Cocaine (Cocaine Metabolite -benzoylcegonine)
  - Fentanyl (Fentanyl, Norfentanyl)
  - Gabapentin (Gabapentin)
  - Heroin (6-Acetylmorphine -Heroin)
  - Ketamine (Ketamine)
  - Methadone (Methadone, Met. Metabolite-EDDP)
  - Methylenedioxyamphetamines (MDMA, MDA)
  - Opiates (Hydrocodone, Codeine, Hydromorphone, Morphine, Norhydrocodone)
  - Oxycodone (Oxycodone, Oxymorphone, Noroxycodone)
  - Phencyclidine (PCP)
  - Pregabalin (Pregabalin)
  - Propoxyphene (Propoxyphene)
  - Sedative hypnotics (Zolpidem)
  - Skeletal Muscle Relaxants (Meprobamate, Carisoprodol-SOMA, Cyclobenzaprine)
  - Stimulants, Synthetic (Alpha-PVP (Flakka)
  - Tapentadol (Tapentadol)
  - Tramadol (Tramadol, O-Desmethyl-cis-tramadol)
- CUSTOM DRUG TESTING PROFILES**

ABOVE ORDERED TESTS ARE MEDICALLY NECESSARY. PHYSICIAN / PROVIDER'S SIGNATURE \_\_\_\_\_  
 PATIENT ACKNOWLEDGMENT OF TESTS ORDER. PATIENT SIGNATURE \_\_\_\_\_

\*\*MEDICARE WILL ONLY PAY FOR TEST(S) THAT MEET THE MEDICARE CRITERIA AND ARE REASONABLE AND NECESSARY TO TREAT OR DIAGNOSE AN INDIVIDUAL PATIENT