NEXT GEN LABS

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Phone: (904) 775-9994 | **CLIA:** 10D2333552

TOXICOLOGY REQUISITION FORM

PATIENT INFORMATION

FIRST NAME | LAST NAME | PHONE | SEX (M/F/X)

DOB (MM/DD/YYYY) | EMAIL | MRN / CHART # | DATE OF DEATH

STREET ADDRESS | CITY

STATE | ZIP | COUNTY

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic ☐ Unknown

Race: ☐ American Indian ☐ Asain ☐ African American/Black ☐ Caucasian/White ☐ Other

SPECIMEN INFORMATION

DATE COLLECTED | TIME (HH:MM) | COLLECTOR INITIALS

INSURANCE / ORDERING PROVIDER

ORDERING PROVIDER

PROVIDER NPI # | CLIENT / ACCOUNT #

CLIENT / FACILITY NAME

Payer: ☐ Medicare ☐ Medicaid ☐ Comm ☐ Self-Pay ☐ Client Bill ☐ ABN

PRIMARY INSURANCE CARRIER

MEMBER / POLICY ID | GROUP #

SUBSCRIBER (IF NOT PT) | SUBSCRIBER DOB

☐ Full Drug Screen (PRESUMPTATIVE IMMUNOASSAY)

☐ Select to reflex presumptive-positive results to LC-MS/MS confirmation

☐ AMP ☐ BARB ☐ BZO ☐ BUP ☐ COC ☐ MTD
☐ OPI ☐ OXY ☐ PCP ☐ THC ☐ 6-MAM ☐ ALCOHOL (EtG/EtS)

Specimen Validity (performed on all specimens): pH · Specific Gravity · Creatinine · Oxidants

☐ Full Confirmation (LC-MS/MS)

☐ OPIATES
- ☐ Codeine
- ☐ Morphine
- ☐ Hydrocodone
- ☐ Norhydrocodone
- ☐ Dihydrocodeine
- ☐ Hydromorphone
- ☐ Oxycodone
- ☐ Noroxycodone
- ☐ Oxymorphone

☐ ANTIDEPRESSANTS / PSYCH
- ☐ Amitriptyline
- ☐ Nortriptyline
- ☐ Doxepin
- ☐ Sertraline
- ☐ Venlafaxine
- ☐ Fluoxetine
- ☐ Paroxetine
- ☐ Quetiapine

☐ OVER-THE-COUNTER
- ☐ Dextrorphan

☐ OPIOIDS
- ☐ Fentanyl
- ☐ Norfentanyl
- ☐ Buprenorphine
- ☐ Norbuprenorphine
- ☐ Naloxone
- ☐ Naltrexone
- ☐ Tapentadol
- ☐ Tramadol
- ☐ Methadone
- ☐ EDDP
- ☐ Propoxyphene

☐ BARBITURATES
- ☐ Butalbital
- ☐ Phenobarbital

☐ SLEEP AIDS
- ☐ Zolpidem

☐ MUSCLE RELAXANTS
- ☐ Carisoprodol
- ☐ Meprobamate
- ☐ Cyclobenzaprine

☐ BENZODIAZEPINES
- ☐ Alprazolam
- ☐ a-OH-Alprazolam
- ☐ Clonazepam
- ☐ 7-Aminoclonazepam
- ☐ Nordiazepam
- ☐ Oxazepam
- ☐ Temazepam
- ☐ Lorazepam
- ☐ a-OH-Midazolam
- ☐ a-OH-Triazolam

☐ ANESTHETICS
- ☐ Ketamine
- ☐ Norketamine

☐ SYNTHETIC & DESIGNER DRUGS
- ☐ a-PVP
- ☐ Tianeptine
- ☐ Xylazine
- ☐ 4-OH-Xylazine
- ☐ JWH-018 5-Pent. Acid
- ☐ JWH-250-4 OH-Pentyl

☐ ILLICIT DRUGS
- ☐ Benzoylecgonine
- ☐ 6-MAM
- ☐ THC-COOH
- ☐ MDMA
- ☐ PCP

☐ AMPHETAMINES / STIMULANTS
- ☐ Amphetamine
- ☐ Methamphetamine
- ☐ Ritalinic Acid

☐ ANTICONVULSANTS
- ☐ Gabapentin
- ☐ Pregabalin

☐ ALCOHOL BIOMARKERS
- ☐ EtG (Ethyl Glucuronide)
- ☐ EtS (Ethyl Sulfate)

☐ HERBALS
- ☐ 7-OH-Mitragynine (Kratom)
- ☐ Dihydrokavain (Kava)

PROVIDER AUTHORIZATION, CERTIFICATION & SIGNATURE

By signing, I (the ordering provider) certify under applicable federal and state law that: (1) each test ordered is, in my independent clinical judgment, medically necessary for this patient's diagnosis, treatment, or management; (2) a written/electronic order is documented in the patient's record and the patient, insurance, and ICD-10 information provided is accurate and supports medical necessity; (3) this order was not induced by and is not contingent upon any payment, referral, or remuneration, and complies with the Anti-Kickback Statute, EKRA, Stark Law, and all applicable laws; (4) where a payer is not expected to cover a test, a signed ABN/waiver has been delivered and is attached; (5) where I check ORDER ENTIRE PANEL, I am individually ordering each organism listed as medically necessary, and any reflex testing follows the defined sequence only when clinically indicated; and (6) I authorize Next Gen Labs LLC to perform the ordered testing, to bill Medicare, Medicaid, and other payers, and to release records necessary for testing, billing, and payment.

AUTHORIZING PROVIDER SIGNATURE | **INITIALS** | **PROVIDER NPI #** | **DATE SIGNED**