



Please complete registration form, and fax to 903.839.2494. You may also email the form to registration@aalabs.com.

<input type="checkbox"/> INFECTIOUS DISEASE	<input type="checkbox"/> MOLECULAR	<input type="checkbox"/> WOMEN'S HEALTH	<input type="checkbox"/> PHARMACOGENETICS	<input type="checkbox"/> TOXICOLOGY	<input type="checkbox"/> BLOOD
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PROVIDER INFORMATION

Ordering Physician's Full Name: _____ Credentials: _____
Last Name, First Name MD/DO/FNP/PA

Ordering Physician's NPI #: _____

Name of Medical Practice: _____

Name of additional Provider(s) and/or Mid-Level(s):

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

CLINIC LOCATION ADDRESS – Additional providers and locations on page 2

Address for clinic location(s) where orders will be placed and samples will be collected:

Primary Location: _____ City: _____ State: _____ Zip: _____
Street Number & Name Suite

Phone: _____ Fax (for reporting): _____

Specimen Cup: Clear Specimen Collection Cups Point of Care Collection Cups

Anticipated Monthly Volume: _____

Point of Contact Name: _____ Phone: _____

Email: _____ Implementation Date: _____

HOURS OF OPERATION (MON–WED)				HOURS OF OPERATIONS (THURS–SAT)				
Primary Location	Open Time	Close Time	Shipping Pick-Up Time	Primary Location	Open Time	Close Time	Shipping Pick-Up Time	
Monday				Thursday				
Tuesday				Friday				
Wednesday				Saturday				
Will shipping pick-up need to be coordinated?							YES	NO
Please mark "NA" for days UPS/FedEx does not need to pick-up.							FedEx	or UPS

CRITICAL REPORTING (BLOOD) – Required for blood accounts

During Office Hours		After Office Hours	
Phone:		Phone:	
Contact Name:		Contact Name:	



ADDITIONAL PROVIDER(S) AND/OR MID-LEVEL(S)

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

ADDITIONAL LOCATIONS

Additional Location: _____ City: _____ State: _____ Zip: _____
Street Number & Name Suite

Phone: _____ Fax (for reporting): _____

Practice Name (If different from Primary): _____

HOURS OF OPERATION (MON-WED)				HOURS OF OPERATIONS (THURS-SAT)			
Primary Location	Open Time	Close Time	Shipping Pick-Up Time	Primary Location	Open Time	Close Time	Shipping Pick-Up Time
Monday				Thursday			
Tuesday				Friday			
Wednesday				Saturday			
Will shipping pick-up need to be coordinated?							YES NO
							FedEx or UPS

****Please mark "NA" for days UPS/FedEx does not need to pick-up.****

Additional Location: _____ City: _____ State: _____ Zip: _____
Street Number & Name Suite

Phone: _____ Fax (for reporting): _____

Practice Name (If different from Primary): _____

HOURS OF OPERATION (MON-WED)				HOURS OF OPERATIONS (THURS-SAT)			
Primary Location	Open Time	Close Time	Shipping Pick-Up Time	Primary Location	Open Time	Close Time	Shipping Pick-Up Time
Monday				Thursday			
Tuesday				Friday			
Wednesday				Saturday			
Will shipping pick-up need to be coordinated?							YES NO
							FedEx or UPS

****Please mark "NA" for days UPS/FedEx does not need to pick-up.****



DRUG CLASSES		ANALYTE
<input type="checkbox"/>	1 Amphetamines (2)	Amphetamine, Methamphetamine
<input type="checkbox"/>	2 Benzodiazepines (7)	Alprazolam, a-OH-Alprazolam, Nordiazepam, Lorazepam, Oxazepam, Temazepam, 7-Aminoclonazepam
<input type="checkbox"/>	3 Buprenorphine (1)	Buprenorphine
<input type="checkbox"/>	4 Cannabinoids/THC (1)	THC-COOH
<input type="checkbox"/>	5 Carisoprodol (2)	Carisoprodol (Soma), Meprobamate
<input type="checkbox"/>	6 Cathiones (Bath Salts) (1)	MDPV
<input type="checkbox"/>	7 Cocaine (1)	Benzoyllecgonine
<input type="checkbox"/>	8 Fentanyl (1)	Fentanyl
<input type="checkbox"/>	9 Gabapentin (1)	Gabapentin
<input type="checkbox"/>	10 Heroin (1)	6-Monoacetylmorphine (6-MAM)/Heroin
<input type="checkbox"/>	11 MDMA (1)	MDMA
<input type="checkbox"/>	12 Meperidine (1)	Meperidine
<input type="checkbox"/>	13 Methadone (2)	Methadone, EDDP
<input type="checkbox"/>	14 Methylphenidate (2)	Methylphenidate, Ritalinic Acid
<input type="checkbox"/>	15 Opioids (4)	Codeine, Hydrocodone, Hydromorphone, Morphine
<input type="checkbox"/>	16 Oxycodone (Synthetic Opioids) (2)	Oxycodone, Oxymorphone
<input type="checkbox"/>	17 Phencyclidine (1)	Phencyclidine (PCP)
<input type="checkbox"/>	18 Pregabalin (1)	Pregabalin
<input type="checkbox"/>	19 Sleep / Wakefulness (1)	Zolpidem
<input type="checkbox"/>	20 SSRI / SSNI (1)	Venlafaxine
<input type="checkbox"/>	21 Tapentadol (1)	Tapentadol
<input type="checkbox"/>	22 Tramadol (1)	Tramadol
<input type="checkbox"/>	23 Tricyclic Antidepressants (1)	Amitriptyline

PROVIDER SIGNATURES

SIGN	PRINT NAME	DATE
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DRUG CLASSES		ANALYTE
<input type="checkbox"/>	1 Amphetamines (2)	Amphetamine, Methamphetamine
<input type="checkbox"/>	2 Amphetamines - Designer (1)	MDMA
<input type="checkbox"/>	3 Antidepressants (6)	Amitriptyline, Desipramine, Doxepin, Fluoxetine, Imipramine, Nortriptyline
<input type="checkbox"/>	4 Benzodiazepines/Sedatives (12)	7-Aminoclonazepam, Alpha-OH-Alprazolam, Alprazolam, Chlordiazepoxide, Desalkylflurazepam, Lorazepam, Nordiazepam, Oxazepam, Temazepam, Zaleplon, Zolpidem, Zopiclone
<input type="checkbox"/>	6 Buprenorphine (2)	Buprenorphine, Norbuprenorphine
<input type="checkbox"/>	7 Cannabinoids - Natural (1)	THC-COOH
<input type="checkbox"/>	8 Cathiones (Bath Salts) (1)	MDPV
<input type="checkbox"/>	9 Classic Illicits (3)	6-Monoacetylmorphine (6-MAM), Benzoylcegonine, Phencyclidine (PCP)
<input type="checkbox"/>	10 Dextromethorphan (2)	Dextromethorphan Dextrophan
<input type="checkbox"/>	11 Fentanyl (1)	Fentanyl, Norfentanyl
<input type="checkbox"/>	12 Gabapentin / Pregabalin (2)	Gabapentin, Pregabalin
<input type="checkbox"/>	13 Ketamine (2)	Ketamine, Norketamine
<input type="checkbox"/>	14 Meperidine (1)	Meperidine
<input type="checkbox"/>	15 Methadone (2)	EDDP, Methadone
<input type="checkbox"/>	16 Methylphenidate (2)	Methylphenidate, Ritalinic Acid
<input type="checkbox"/>	17 Methadone (2)	Methadone, EDDP
<input type="checkbox"/>	18 Naloxone (1)	Naloxone
<input type="checkbox"/>	19 Naltrexone (1)	Naltrexone
<input type="checkbox"/>	20 Opiates – Classic (6)	Codeine, Dihydrocodeine, Hydrocodone, Hydromorphone, Morphine, Norhydrocodone
<input type="checkbox"/>	21 Oxycodone (Synthetic Opioids) (4)	Carisoprodol (Soma), Cyclobenzaprine, Meprobamate
<input type="checkbox"/>	22 Skeletal Muscle Relaxants (3)	Pregabalin
<input type="checkbox"/>	23 SSRI / SSNI (1)	Paroxetine, Venlafaxine
<input type="checkbox"/>	24 Nicotine (2)	Cotinine, Nicotine
<input type="checkbox"/>	25 Tapentadol (1)	Tapentadol
<input type="checkbox"/>	26 Tramadol (1)	cis-Tramadol, O-Desmethyltramadol

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DRUG CLASSES		ANALYTE
<input type="checkbox"/>	1 Amphetamines (4)	Amphetamine, Methamphetamine, Methylphenidate, Phentermine
<input type="checkbox"/>	2 Amphetamines - Designer (1)	MDA, MDEA, MDMA
<input type="checkbox"/>	3 Antidepressants (6)	Amitriptyline, Desipramine, Doxepin, Fluoxetine, Imipramine, Nortriptyline
<input type="checkbox"/>	4 Barbiturates (6)	Amobarbital, Butabarbital, Butalbital, Pentobarbital, Phenobarbital, Secobarbital
<input type="checkbox"/>	5 Benzodiazepines/Sedatives (13)	Alprazolam, Clonazepam, Diazepam, Flunitrazepam, Flurazepam, Lorazepam, Oxazepam, Temazepam, Triazolam, Zaleplon, Zolpidem, Zolpidem phenyl-4-carboxylic, Zopiclone
<input type="checkbox"/>	6 Buprenorphine (2)	Buprenorphine, Norbuprenorphine
<input type="checkbox"/>	7 Cannabinoids - Natural (1)	THC-COOH
<input type="checkbox"/>	8 Cathinones - Designer (Bath Salts) (4)	alpha PVP, MDPV, Mephedrone, Methylen
<input type="checkbox"/>	9 Classic Illicits (3)	6-Monoacetylmorphine (6-MAM), Benzoylcegonine, Mitragynine, Phencyclidine (PCP)
<input type="checkbox"/>	10 Dextromethorphan (2)	Dextromethorphan Dextrorphan
<input type="checkbox"/>	11 EtOH (2)	Ethyl Glucuronide (EtG), Ethyl Sulfate (EtS)
<input type="checkbox"/>	12 Fentanyl (1)	Fentanyl, Norfentanyl
<input type="checkbox"/>	13 Gabapentin / Pregabalin (2)	Gabapentin, Pregabalin
<input type="checkbox"/>	14 Ketamine (2)	Ketamine
<input type="checkbox"/>	15 Meperidine (2)	Meperidine, Normeperidine
<input type="checkbox"/>	16 Methadone (2)	EDDP, Methadone
<input type="checkbox"/>	17 Methylphenidate (2)	Methylphenidate, Ritalinic Acid
<input type="checkbox"/>	18 Methadone (2)	Methadone, EDDP
<input type="checkbox"/>	20 Naloxone (1)	Naloxone
<input type="checkbox"/>	21 Opiates - Classic (6)	Codeine, Hydrocodone, Hydromorphone, Morphine, Norhydrocodone, Normorphine
<input type="checkbox"/>	22 Oxycodone (Synthetic Opioids) (3)	Oxycodone, Oxymorphone, Noroxymorphone
<input type="checkbox"/>	23 Skeletal Muscle Relaxants (3)	Carisoprodol, Cyclobenzaprine, Meprobamate
<input type="checkbox"/>	24 Anti-Psychotics (2)	Clozapine, Risperidone
<input type="checkbox"/>	25 SSRI / SSNI (1)	Paroxetine, Venlafaxine
<input type="checkbox"/>	26 Nicotine (1)	Cotinine
<input type="checkbox"/>	27 Tapentadol (1)	Tapentadol
<input type="checkbox"/>	28 Tramadol (1)	cis-Tramadol, O-Desmethyltramadol

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*PRESUMPTIVE SCREEN CATEGORIES 29: Oral Fluid		DEFINITIVE CONFIRMATION TESTS PER SCREEN CLASS 125: Oral Fluid
<input type="checkbox"/> OPIATES/OPIOIDS/ANALGESICS (33)		
<input type="checkbox"/> 1	Classic Opiates (6)	Hydrocodone, ‡Norhydrocodone, Hydromorphone, Morphine, Codeine, ‡Norcodeine
<input type="checkbox"/> 2	Oxycodone (4)	Oxycodone, ‡Noroxycodone, Oxymorphone, ‡Noroxymorphone
<input type="checkbox"/> 3	Buprenorphine (2)	Buprenorphine, ‡Norbuprenorphine
<input type="checkbox"/> 4	Fentanyl (2)	Fentanyl, ‡Norfentanyl
<input type="checkbox"/> 5	Methadone (2)	Methadone, ‡EDDP
<input type="checkbox"/> 6	Tapentadol (1)	Tapentadol
<input type="checkbox"/> 7	Tramadol (2)	Tramadol, ‡Desmethyl-tramadol
<input type="checkbox"/> 8	Meperidine (2)	Meperidine, ‡Normeperidine
<input type="checkbox"/> 9	Gabapentin/Pregabalin (2)	Gabapentin, Pregabalin
<input type="checkbox"/> 10	Dextromethorphan (2)	Dextromethorphan, ‡Dextrorphan
<input type="checkbox"/> 11	Miscellaneous Opioids	Naloxone, Naltrexone, Butorphanol
<input type="checkbox"/> 12	Ketamine (1)	Ketamine metabolite
<input type="checkbox"/> 13	Non-Opioid Analgesics (4)	Aspirin metabolite, Naproxen, Ibuprofen, Acetaminophen
<input type="checkbox"/> ILLICITS (27)		
<input type="checkbox"/> 14	Classic Illicits (4)	Cocaine metabolite, PCP, Heroin metabolite, Acetyl-norFentanyl
<input type="checkbox"/> 15	Illicits K (2)	Kratom metabolite, Kava metabolite
<input type="checkbox"/> 16	Illicits D (2)	DMT, MeO-DMT
<input type="checkbox"/> 17	Designer Amphetamines (3)	MDA, MDMA, MDEA
<input type="checkbox"/> 18	Designer Cathinones (4)	Methylone, norMephedrone, MDPV metabolite, PVP metabolite
<input type="checkbox"/> 19	Natural Cannabinoids (2)	THC, Carboxy-THC
<input type="checkbox"/> 20	Synthetic Cannabinoids (10)	JWH18-AM2201 metabolite, JWH122-MAM2201 metabolite, RCS4 metabolite, UR144-XLR11 metabolite, JWH073 metabolite, JWH210 metabolite, PB22 metabolite
<input type="checkbox"/> ADDITIONAL CATEGORIES		
<input type="checkbox"/> 21	Amphetamines (6)	Amphetamine, Methamphetamine, Phentermine, Methylphenidate metabolite, (Pseudo)Ephedrine, Lisdexamphetamine
<input type="checkbox"/> 22	Anticonvulsants (6)	Valproic acid, Levetiracetam, Lamotrigine, Topiramate, Phenytoin, Carbamazepine
<input type="checkbox"/> 23	Antidepressants (16)	Amitriptyline, Nortriptyline, Desipramine, Imipramine, Doxepin, Desmethyl-doxepin, Trazodone metabolite, Venlafaxine metabolite, Bupropion metabolite, Citalopram metabolite, Duloxetine, Fluvoxamine, Fluoxetine metabolite, Sertraline metabolite, Paroxetine, Clomipramine metabolite
<input type="checkbox"/> 24	Antipsychotics (7)	Clozapine metabolite, Aripiprazole metabolite, Haloperidol, Risperidone metabolite, Quetiapine metabolite, Olanzapine, Ziprasidone
<input type="checkbox"/> 25	Barbiturates (5)	Amo-Pentobarbital, Secobarbital, Butalbital, Butabarbital, Phenobarbital
<input type="checkbox"/> 26	Benzodiazepines (21)	Alprazolam, Alprazolam metabolite, Triazolam, Triazolam metabolite, Clonazepam, Clonazepam metabolite, Lorazepam, Diazepam, Diazepam metabolite, Oxazepam, Temazepam, Flunitrazepam, Flunitrazepam metabolite, Flurazepam, Flurazepam metabolite, Chlordiazepoxide, Clobazem, Estazolam, Midazolam, Midazolam metabolite, Prazepam
<input type="checkbox"/> 27	Nicotine Metabolite (1)	Cotinine
<input type="checkbox"/> 28	Sedatives (3)	Zolpidem, Zaleplon, Zopiclone
<input type="checkbox"/> 29	Skeletal Muscle Relaxants (4)	Carisoprodol, Meprobamate, Cyclobenzaprine, Baclofen
* If one of the compounds in the category is positive on screen, all compounds in the category will be confirmed.		‡ indicates a metabolite that will be automatically confirmed with parent drug

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URINE DRUG SCREEN (UDS) TESTING PROTOCOL

Please review the following UDS order options and select the testing protocol that you wish for Advanta Toxicology to follow when processing your patient samples.

1. Custom UDS with Quantitative Analysis 1

- Perform Enzyme Immunoassay (EIA) screen and provide qualitative results for the drugs checked on the attached Test Menu.
- Always perform LCMS confirmation for the drugs checked on the attached LCMS Test Menu.

2. Custom UDS with Quantitative Analysis 2

- Perform Enzyme Immunoassay (EIA) screen for all drugs on attached Test Menu.
- Perform LCMS testing for all positive screen results and/or all prescribed medications listed on the requisition and provide quantitative results

3. Custom UDS with Quantitative Analysis 3

- Perform LCMS testing only for medications listed on LCMS Test Menu and provide quantitative results

4. Oral Fluid Drug Screening with Quantitative Analysis

- Perform Enzyme Immunoassay (EIA) screen and provide qualitative results for the drugs checked on the attached Oral Fluid Immunoassay Test Menu.
- Always perform LCMS confirmation for the drugs checked on the Oral Fluid Immunoassay attached Test Menu.

Special Instruction Options

1. Alcohol EtG/EtS Isomer Option

- Perform EtG/EtS Isomer testing for all specimens.

2. D&L Isomer Option (for methamphetamines results)

- Perform D&L Isomer testing for all positive methamphetamine positive screen results.

3. Suboxone Option - Buprenorphine and expanded Opiates class for Naloxone.

Additional Order Instructions:

(Please list categories to be confirmed regardless of positive/negative EIA results)

**Acknowledgment of Ordering Practitioner | Predefined Customer Profile Attestation**

1. Decisions on ordering laboratory testing are based solely on the medical necessity for a specific medical condition and the results used in the management of a specific medical condition. The provider understands that when ordering tests for which Medicare reimbursement will be sought, the treating provider should only order those tests which the physician believes are medically necessary for each patient. The undersigned providers have been informed that the Office of Inspector General (OIG) takes the position that a provider who orders medically unnecessary tests may be subject to civil penalties.
2. By signing this form, it is hereby certified that the treating physician shall review the volume, frequency, and duration of testing and order laboratory testing accordingly and in accordance with clinical indication and medical necessity.
3. By signing this form, I acknowledge if any Point of Care (POC) device is provided by the lab I will not directly or indirectly bill or collect a fee for POC testing without submitting payment to the lab for the device at a fair market value rate. I agree and understand the device will be used solely to collect, transport, process, or store specimens referred to the lab for testing. I acknowledge and understand that use of the POC device for any other purpose or billing for POC testing with laboratory-provided POC devices without remitting payment for same to the lab could be interpreted as a violation of Anti-Kickback Statute 42 U.S.C. § 1320a-7b.
4. I acknowledge if any POC device is provided by the lab and I remunerate off any service in which the device is used, I will receive an invoice and remit payment for the device at fair market value.
5. It is agreed that all supporting medical necessity documentation should be available, legible, and maintained in the patient's medical record.
6. I verify that I am ordering samples for testing to be performed at Advanta Analytical Laboratories and its affiliated contracted laboratories.
7. The signatories hereto understand there may be applicable National Coverage Determinations and Local Coverage Determinations for clinical laboratory testing.

I acknowledge Advanta Analytical Laboratories has provided me with information regarding its policies and guidelines for laboratory testing to my satisfaction.

Practice Name: _____

Physician's Printed Name: _____

Physician's NPI: _____

Physician's Signature: _____