



Advanta Analytical Laboratories  
10935 CR 159 • Tyler, TX 75703  
www.aalabs.com

Phone: 903.805.9955 CLIA#: 45D2063134  
Fax: 903.839.2494 CLIA#: 45D2072790

# LABORATORY DRUG TESTING REQUISITION

SAMPLE TYPE

ORAL FLUID

URINE

BLOOD

## PATIENT INFORMATION

Ordering Provider	Gender	Date
Patient Name	DOB	DOI (Work Comp Only)

## DIAGNOSIS CODES – Please specify chief complaint, any additional complaints, and their diagnosis codes

Complaint 1 Diagnosis Code	Complaint 2 Diagnosis Code	Complaint 3 Diagnosis Code	Complaint 4 Diagnosis Code
-------------------------------	-------------------------------	-------------------------------	-------------------------------

## LCMS TESTING MENU p75 – Identify with a check mark box (☑) all drug classes or individual drugs to be tested.

- |   |  |  |   |
|---|--|--|---|
| <p><input type="checkbox"/> <b>Opiates &amp; Opioids (24)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Buprenorphine</li> <li><input type="checkbox"/> Codeine</li> <li><input type="checkbox"/> Dextromethorphan</li> <li><input type="checkbox"/> Dextroprphan</li> <li><input type="checkbox"/> EDDP</li> <li><input type="checkbox"/> Fentanyl</li> <li><input type="checkbox"/> Hydrocodone</li> <li><input type="checkbox"/> Hydromorphone</li> <li><input type="checkbox"/> Meperidine</li> <li><input type="checkbox"/> Methadone</li> <li><input type="checkbox"/> Mitragynine</li> <li><input type="checkbox"/> Morphine</li> <li><input type="checkbox"/> Naloxone</li> <li><input type="checkbox"/> Norbuprenorphine</li> <li><input type="checkbox"/> Norfentanyl</li> <li><input type="checkbox"/> Norhydrocodone</li> <li><input type="checkbox"/> Normeperidine</li> <li><input type="checkbox"/> Normorphine</li> <li><input type="checkbox"/> Noroxymorphone</li> <li><input type="checkbox"/> O-Desmethyl-Cis-Tramadol</li> <li><input type="checkbox"/> Oxycodone</li> <li><input type="checkbox"/> Oxymorphone</li> <li><input type="checkbox"/> Tapentadol</li> <li><input type="checkbox"/> Tramadol</li> </ul> | <p><input type="checkbox"/> <b>Anti-epileptics (2)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gabapentin</li> <li><input type="checkbox"/> Pregabalin</li> </ul> <p><input type="checkbox"/> <b>Benzodiazepines (9)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alprazolam</li> <li><input type="checkbox"/> Clonazepam</li> <li><input type="checkbox"/> Diazepam</li> <li><input type="checkbox"/> Flunitrazepam</li> <li><input type="checkbox"/> Flurazepam</li> <li><input type="checkbox"/> Lorazepam</li> <li><input type="checkbox"/> Oxazepam</li> <li><input type="checkbox"/> Temazepam</li> <li><input type="checkbox"/> Triazolam</li> </ul> <p><input type="checkbox"/> <b>Stimulants (17)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alpha-PVP</li> <li><input type="checkbox"/> Amphetamine</li> <li><input type="checkbox"/> MDA</li> <li><input type="checkbox"/> MDEA</li> <li><input type="checkbox"/> MDMA</li> <li><input type="checkbox"/> MDPV</li> <li><input type="checkbox"/> Mephedrone</li> <li><input type="checkbox"/> Methamphetamine *</li> <li><input type="checkbox"/> Methylone</li> <li><input type="checkbox"/> Methylphenidate</li> <li><input type="checkbox"/> Phentermine</li> </ul> | <p><input type="checkbox"/> <b>Antidepressants (8)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Amitriptyline</li> <li><input type="checkbox"/> Desipramine</li> <li><input type="checkbox"/> Doxepin</li> <li><input type="checkbox"/> Imipramine</li> <li><input type="checkbox"/> Nortriptyline</li> <li><input type="checkbox"/> Clozapine</li> <li><input type="checkbox"/> Fluoxetine</li> <li><input type="checkbox"/> Risperidone</li> </ul> <p><input type="checkbox"/> <b>Illicit (4)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 6-MAM</li> <li><input type="checkbox"/> Benzoylcegonine</li> <li><input type="checkbox"/> Ketamine</li> <li><input type="checkbox"/> Phencyclidine</li> </ul> <p><input type="checkbox"/> <b>Alkaloids &amp; Cannabinoids (2)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cotinine</li> <li><input type="checkbox"/> THC - quantitative only</li> </ul> <p><input type="checkbox"/> <b>Muscle Relaxants (3)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Carisoprodol</li> <li><input type="checkbox"/> Cyclobenzaprine</li> <li><input type="checkbox"/> Meprobamate</li> </ul> <p><input type="checkbox"/> <b>Alcohol (2) quantitative only</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ethyl Glucuronide</li> <li><input type="checkbox"/> Ethyl Sulfate</li> </ul> | <p><input type="checkbox"/> <b>Sedative Hypnotics (4)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Zaleplon</li> <li><input type="checkbox"/> Zolpidem</li> <li><input type="checkbox"/> Zolpidem Phenyl-4-Carboxylic Acid</li> <li><input type="checkbox"/> Zopiclone</li> </ul> <p><input type="checkbox"/> <b>Barbiturates (6) quantitative only</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Amobarbital</li> <li><input type="checkbox"/> Butobarbital</li> <li><input type="checkbox"/> Butalbital</li> <li><input type="checkbox"/> Pentobarbital</li> <li><input type="checkbox"/> Phenobarbital</li> <li><input type="checkbox"/> Secobarbital</li> </ul> <p><i>* D&amp;L Methamphetamine performed for any positive methamphetamine</i></p> |
|---|--|--|---|

## URINARY TRACT PANEL/STD

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Enterococcus faecalis</li> <li><input type="checkbox"/> Enterococcus faecium</li> <li><input type="checkbox"/> Klebsiella pneumoniae</li> <li><input type="checkbox"/> Escherichia coli</li> <li><input type="checkbox"/> Pseudomonas aeruginosa</li> <li><input type="checkbox"/> Proteus mirabilis</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Staphylococcus aureus</li> <li><input type="checkbox"/> Candida albicans</li> <li><input type="checkbox"/> Candida parapsilosis</li> <li><input type="checkbox"/> Candida glabrata</li> <li><input type="checkbox"/> Candida tropicalis</li> <li><input type="checkbox"/> Streptococcus agalactiae (group B)</li> </ul> |
|---|---|

## ANTIBIOTIC RESISTANCE GENES

- Streptococcus pyogenes (group A)
- Trichophyton species
- Chlamydia trachomatis
- Neisseria gonorrhoeae
- Aminoglycoside (ant-1a, aph3)
- Beta Lactamase (TEM and SHV)
- Carbapenem (KPC, NDM, OXA48)
- Fluoroquinolone (qnr, gyrA)
- Tetracycline (tetB and tetM)

## PROVIDER'S ORDERS

- Perform qualitative analysis only.
- Perform quantitative analysis only.
- Perform qualitative and quantitative analysis.

## SAMPLE INFORMATION

TIME	AM / PM	Temperature checked within 4 minutes of collection and between 90-100° F or 32-38° C?
DATE		
COLLECTOR		
		<input type="checkbox"/> Yes   <input type="checkbox"/> No

## MEDICATION LIST ATTACHED, or list prescribed medications below.


## PROVIDER'S SIGNATURE

Provider's testing orders are identified with a check marked box (☑) above for testing by Advanta Analytical Laboratories and/or its affiliated reference laboratories (CLIA#: 45D2063134, CLIA#: 23D0650582). By my signature, I certify the testing is medically necessary.

Provider's Signature	Date
----------------------	------

## PATIENT CONSENT

I verify that I am providing Advanta Analytical Laboratories and affiliated reference laboratories (CLIA#: 45D2063134, CLIA#: 23D0650582) with a sample of my urine, blood or oral fluid for the purpose of testing.

Patient Signature	Date
-------------------	------