



MUST COMPLETE ALL FOLLOWING SECTIONS

PATIENT INFORMATION	PRACTICE INFORMATION
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Last Name	First Name	MI	Facility/Group	Referring Physician
/ / Social Security: - -		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth		Address		NPI Provider Nr.
Address		DIAGNOSTIC CODES (ICD-10 codes): _____		
<input type="checkbox"/> Self-Pay (attach Information) <input type="checkbox"/> Commercial Insurance (attach copy) <input type="checkbox"/> W/C (Date of Injury): _____ <input type="checkbox"/> Medicare (attach copy of Insurance Card)				

I certify that I have voluntarily provided a fresh unadulterated dried blood spot specimen for analytical testing. The information provided on this form and on the label affixed to the specimen bottle is accurate. I authorize lab to release the results of this testing to the ordering physician. I also authorize lab to bill my insurance provider and to receive payment of benefits for the tests ordered by my physician. I further authorize lab and the ordering physician to release to my insurance provider any medical information necessary to process this claim. I acknowledge that lab may be an out-of-network facility with my insurance provider.

Patient Signature (or Legal Guardian): _____ **Date:** _____

TEST PANELS (please check desired drugs/drug classes for testing):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> TEST FOR ALL CLASSES BELOW (1-14)
<input type="checkbox"/> 1. NARCOTIC ANALGESICS / OPIATES
<input type="checkbox"/> Acetaminophen (<i>Tylenol</i>)
<input type="checkbox"/> Buprenorphine (<i>Butrans</i>)
<input type="checkbox"/> Butorphanol (<i>Stadol</i>)
<input type="checkbox"/> Codeine (<i>Tylenol #3</i>)
<input type="checkbox"/> Fentanyl (<i>Duragesic, Actiq</i>)
<input type="checkbox"/> Hydrocodone (<i>Norco, Vicodin</i>)
<input type="checkbox"/> Hydromorphone (<i>Dilaudid</i>)
<input type="checkbox"/> Ketamine (<i>Ketalar</i>)
<input type="checkbox"/> Levorphanol (<i>Levo-Dromoran</i>)
<input type="checkbox"/> Meperidine (<i>Demerol</i>)
<input type="checkbox"/> Methadone (<i>Methadose, Dolophine</i>)
<input type="checkbox"/> Morphine (<i>MS Contin, Kadian, Duramorph, Avinza</i>)
<input type="checkbox"/> Oxycodone (<i>Percocet, Roxicet, Oxycontin, Endocet</i>)
<input type="checkbox"/> Oxymorphone (<i>Opana</i>)
<input type="checkbox"/> Propoxyphene (<i>Darvon</i>)
<input type="checkbox"/> Tapentadol (<i>Nucynta</i>)
<input type="checkbox"/> Tramadol (<i>Ultram</i>)
<input type="checkbox"/> 2. BENZODIAZEPINES
<input type="checkbox"/> Alprazolam (<i>Xanax, Niravam</i>)
<input type="checkbox"/> Buspirone (<i>Buspar</i>)
<input type="checkbox"/> Chlordiazepoxide (<i>Librium</i>)
<input type="checkbox"/> Clobazam (<i>Onfi</i>)
<input type="checkbox"/> Clonazepam (<i>Klonopin</i>)
<input type="checkbox"/> Diazepam (<i>Valium, Diastat</i>)
<input type="checkbox"/> Estazolam (<i>Prosom</i>)
<input type="checkbox"/> Flunitrazepam (<i>Rohypnol</i>)
<input type="checkbox"/> Lorazepam (<i>Ativan</i>)
<input type="checkbox"/> Oxazepam (<i>Serax</i>)
<input type="checkbox"/> Prazepam (<i>Centrac</i>)
<input type="checkbox"/> Temazepam (<i>Restoril</i>)
<input type="checkbox"/> Triazolam (<i>Halcion</i>)
<input type="checkbox"/> 3. ANTI-PSYCHOTICS
<input type="checkbox"/> Aripiprazole (<i>Abilify</i>)
<input type="checkbox"/> Chlorpromazine (<i>Thorazine</i>) | <input type="checkbox"/> Clozapine (<i>Clozaril</i>)
<input type="checkbox"/> Fluphenazine (<i>Permitil</i>)
<input type="checkbox"/> Haloperidol (<i>Haldol</i>)
<input type="checkbox"/> Olanzapine (<i>Zyprexa</i>)
<input type="checkbox"/> Quetiapine (<i>Seroquel</i>)
<input type="checkbox"/> Risperidone (<i>Risperdal</i>)
<input type="checkbox"/> Thioridazine (<i>Mellaril</i>)
<input type="checkbox"/> Ziprasidone (<i>Geodon</i>)
<input type="checkbox"/> 4. ANTI-DEPRESSANTS / SSRI / SNRI / TCA
<input type="checkbox"/> Amitriptyline (<i>Elavil</i>)
<input type="checkbox"/> Bupropion (<i>Wellbutrin</i>)
<input type="checkbox"/> Citalopram (<i>Celexa</i>)
<input type="checkbox"/> Clomipramine (<i>Anafranil</i>)
<input type="checkbox"/> Desipramine (<i>Norpramin</i>)
<input type="checkbox"/> Desvenlafaxine (<i>Pristiq</i>)
<input type="checkbox"/> Doxepin (<i>Silenor, Prudoxin</i>)
<input type="checkbox"/> Duloxetine (<i>Cymbalta</i>)
<input type="checkbox"/> Fluoxetine (<i>Prozac</i>)
<input type="checkbox"/> Fluvoxamine (<i>Luvox</i>)
<input type="checkbox"/> Imipramine (<i>Tofranil</i>)
<input type="checkbox"/> D-L-Kavain, Yalongin, Methysticin (<i>Kava</i>)
<input type="checkbox"/> Mirtazapine (<i>Remeron</i>)
<input type="checkbox"/> Nortriptyline (<i>Pamelor</i>)
<input type="checkbox"/> Paroxetine (<i>Paxil, Pexeva</i>)
<input type="checkbox"/> Sertraline (<i>Zoloft</i>)
<input type="checkbox"/> Trazodone (<i>Oleptro</i>)
<input type="checkbox"/> Venlafaxine (<i>Effexor</i>)
<input type="checkbox"/> 5. DEPRESSANTS
<input type="checkbox"/> Flurazepam (<i>Dalmane</i>)
<input type="checkbox"/> Midazolam (<i>Versed</i>)
<input type="checkbox"/> Zaleplon (<i>Sonata</i>)
<input type="checkbox"/> Zolpidem (<i>Ambien</i>)
<input type="checkbox"/> Zopiclone (<i>Zimovane, Lunesta</i>)
<input type="checkbox"/> 6. ANTI-CONVULSANTS
<input type="checkbox"/> Carbamazepine (<i>Tegretol</i>)
<input type="checkbox"/> Gabapentin (<i>Neurontin</i>)
<input type="checkbox"/> Lamotrigine (<i>Lamictal</i>) | <input type="checkbox"/> Levetiracetam (<i>Keppra</i>)
<input type="checkbox"/> Oxcarbazepine (<i>Trileptal</i>)
<input type="checkbox"/> Pregabalin (<i>Lyrica</i>)
<input type="checkbox"/> Tiagabine (<i>Gabitril</i>)
<input type="checkbox"/> Valproic Acid (<i>Depakote</i>)
<input type="checkbox"/> Zonisamide (<i>Zonegran</i>)
<input type="checkbox"/> 7. MUSCLE RELAXANTS
<input type="checkbox"/> Baclofen (<i>Lioresal</i>)
<input type="checkbox"/> Carisoprodol (<i>Soma</i>)
<input type="checkbox"/> Cyclobenzaprine (<i>Flexeril</i>)
<input type="checkbox"/> Methocarbamol (<i>Robaxin</i>)
<input type="checkbox"/> 8. STIMULANTS
<input type="checkbox"/> Amphetamine (<i>Adderall</i>)
<input type="checkbox"/> Caffeine (<i>Viviran, Cafcit</i>)
<input type="checkbox"/> Ephedrine (<i>Bronkaid</i>)
<input type="checkbox"/> Methylphenidate (<i>Ritalin</i>)
<input type="checkbox"/> Lisdexamphetamine (<i>Vyvanse</i>)
<input type="checkbox"/> Ritalinic Acid (<i>Methylphenidate</i>)
<input type="checkbox"/> 9. DECONGESTANTS
<input type="checkbox"/> Dextromethorphan (<i>Robitussin</i>)
<input type="checkbox"/> Pseudoephedrine (<i>Sudafed</i>)
<input type="checkbox"/> 10. APPETITE STIMULANT
<input type="checkbox"/> Marinol (<i>Dronabinol Extract</i>)
<input type="checkbox"/> Phentermine (<i>Suprenza</i>)
<input type="checkbox"/> 11. ANTIDOTES
<input type="checkbox"/> Naloxone (<i>Revia, Vivitrol</i>)
<input type="checkbox"/> Naltrexone (<i>Evzio</i>)
<input type="checkbox"/> 12. ILLICITS
<input type="checkbox"/> 6-MAM (<i>Heroin</i>)
<input type="checkbox"/> Acetyl-Fentanyl
<input type="checkbox"/> Alpha-PVP (" <i>Flakka</i> ")
<input type="checkbox"/> Carfentanil (<i>Wildnil®</i>)
<input type="checkbox"/> Cocaine (" <i>Coke</i> ")
<input type="checkbox"/> DMT (<i>Tryptamine, Psilocybin</i>)
<input type="checkbox"/> MDA (<i>Tenamfetamine</i>)
<input type="checkbox"/> MDEA (" <i>Eve</i> ")
<input type="checkbox"/> MDMA (<i>Ecstasy, "Molly"</i>)
<input type="checkbox"/> MDPV (<i>Bath Salts</i>) | <input type="checkbox"/> Mephedrone (<i>Bath Salts</i>)
<input type="checkbox"/> Methamphetamine (<i>Meth</i>)
<input type="checkbox"/> Methyone (<i>Bath Salts</i>)
<input type="checkbox"/> Mitragynine (<i>Kratom</i>)
<input type="checkbox"/> PCP (<i>Phencyclidine</i>)
<input type="checkbox"/> THC (<i>Marijuana</i>)
<input type="checkbox"/> U-47700 (<i>Nor-U-47700, N-Desmethyl-U-47700 - Synthetic Opioid</i>)
<input type="checkbox"/> SPICE CANNABINOIDS
<input type="checkbox"/> 5-Fluoro NPB-22
<input type="checkbox"/> AB-FUBINACA
<input type="checkbox"/> AM-2201
<input type="checkbox"/> FDU-PB-22
<input type="checkbox"/> HU-210
<input type="checkbox"/> JWH-019
<input type="checkbox"/> JWH-073-4-Hydroxybutyl
<input type="checkbox"/> JWH-081
<input type="checkbox"/> JWH-122
<input type="checkbox"/> JWH-18-5-Pentonic Acid
<input type="checkbox"/> JWH-18-5-Pentanyl
<input type="checkbox"/> JWH-250-5-OH-Pentanyl
<input type="checkbox"/> MMB-CHMICA
<input type="checkbox"/> 13. BARBITURATES
<input type="checkbox"/> Amobarbital (<i>Amytal</i>)
<input type="checkbox"/> Butobarbital (<i>Butisol</i>)
<input type="checkbox"/> Butalbital (<i>Axotal</i>)
<input type="checkbox"/> Phenobarbital (<i>Luminal</i>)
<input type="checkbox"/> Pentobarbital (<i>Nembutal</i>)
<input type="checkbox"/> Secobarbital (<i>Seconal</i>)
<input type="checkbox"/> 14. DIRECT BIOMARKERS
<input type="checkbox"/> Cotinine (<i>Nicotine</i>)
<input type="checkbox"/> ETG (<i>Ethanol Metabolite</i>)
<input type="checkbox"/> ETS (<i>Ethanol Metabolite</i>) |
|--|---|--|---|

<p style="text-align: center;">SAMPLE HANDLING</p> <p>Time Collected: _____ AM/PM Date Collected: _____</p> <p>Collected by: _____</p>	<p>The following MUST be completed (check all that apply):</p> <input type="checkbox"/> Desired Drug Panels marked above. Separate Medication List provided. <input type="checkbox"/> CleanAssure™ test by dried blood spot (use 4-tip Microsampling Kit). <input type="checkbox"/> CleanAssure™ specimen must be shipped sealed in foil bag with desiccant.
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AUTHORIZATION & ATTESTATION

By signing below, I authorize Alcala Testing to perform LC-MS/MS testing for qualitative and quantitative confirmation of positive and negative results. I attest that the requested testing is medically necessary and appropriate based on the patient's diagnosis and treatment plan. I have personally completed the diagnosis codes above to indicate the accurate diagnosis for this patient. I have not already provided this testing on the date of collection.

Physician Signature: _____ **Date:** _____