

MUST COMPLETE ALL GREEN HIGHLIGHTED SECTIONS

PATIENT INFORMATION

PRACTICE INFORMATION

Last Name _____ First Name _____ MI _____ Facility/Group _____ Referring Physician _____
 _____ / _____ / _____ Social Security: _____ - _____ - _____ Male Female _____
 Date of Birth _____ Address _____ NPI Provider Nr. _____
 Address _____ **DIAGNOSTIC CODES (ICD-10 codes):** _____
 Self-Pay (attach Information) Commercial Insurance (attach copy) W/C (Date of Injury): _____ Medicare (attach copy of Insurance Card)

I certify that I have voluntarily provided a fresh unadulterated urine/oral fluid 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):

TEST FOR ALL CLASSES BELOW (1-26):

URINALYSIS (VALIDITY) TESTING ONLY

1. ANALGESICS / OPIATES

- Acetaminophen (*Tylenol*)
- Buprenorphine (*Butrans*)
- Butorphanol (*Stadol*)
- Codeine (*Tylenol #3*)
- Fentanyl (*Duragesic, Actiq*)
- Hydrocodone (*Norco, Vicodin*)
- Hydromorphone (*Dilaudid*)
- Ketamine (*Ketalar*)
- Levorphanol (*Levo-Dromoran*)
- Meperidine (*Demerol*)
- Methadone (*Methadose, Dolophine*)
- Morphine (*MS Contin, Kadian, Duramorph*)
- Oxycodone (*Percocet, Roxicet, Oxycontin*)
- Oxymorphone (*Opana*)
- Propoxyphene (*Darvon*)
- Tapentadol (*Nucynta*)
- Tramadol (*Ultram*)

2. BENZODIAZEPINES

- Alprazolam (*Xanax, Niravam*)
- Buspirone (*Buspar*)
- Chlordiazepoxide (*Librium*)
- Clobazam (*Onfi*)
- Clonazepam (*Klonopin*)
- Diazepam (*Valium, Diastat*)
- Estazolam (*Prosom*)
- Flurazepam (*Dalmane*)
- Flunitrazepam (*Rohypnol*)
- Lorazepam (*Ativan*)
- Midazolam (*Versed*)
- Oxazepam (*Serax*)
- Prazepam (*Centrac*)
- Temazepam (*Restoril*)
- Triazolam (*Halcion*)

3. ANTI-PSYCHOTICS

- Aripiprazole (*Abilify*)
- Asenapine (*Saphris, Sycrest*)
- Chlorpromazine (*Thorazine*)
- Clozapine (*Clozaril*)
- Fluphenazine (*Permitil*)
- Haloperidol (*Haldol*)
- Iloperidone (*Fanapt, Zomaril*)
- Lurasidone (*Latuda*)
- Olanzapine (*Zyprexa*)
- Perphenazine (*Trilafon*)
- Quetiapine (*Seroquel*)
- Risperidone (*Risperdal*)
- Thioridazine (*Mellaril*)
- Thiothixene (*Navane*)
- Ziprasidone (*Geodon*)

4. ANTI-DEPRESSANTS / SSRI / SNRI / TCA

- Amitriptyline (*Elavil*)
- Amoxapine (*Asendin*)
- Bupropion (*Wellbutrin*)
- Citalopram (*Celexa*)
- Clomipramine (*Anafranil*)
- Desipramine (*Norpramin*)
- Desvenlafaxine (*Pristiq*)
- Doxepin (*Silenor, Prudoxin*)
- Duloxetine (*Cymbalta*)
- Fluoxetine (*Prozac*)
- Fluvoxamine (*Luvox*)
- Imipramine (*Tofranil*)
- D-L-Kavain, Yalongin, Methysticin (*Kava*)
- Milnacipran (*Savella*)
- Mirtazapine (*Remeron*)
- Nortriptyline (*Pamelor*)
- Paroxetine (*Paxil, Pexeva*)
- Sertraline (*Zoloft*)
- Trazodone (*Oleptro*)
- Venlafaxine (*Effexor*)
- Vilazodone (*Viibryd*)
- Vortioxetine (*Trintellix*)

5. DEPRESSANTS

- Zaleplon (*Sonata*)
- Zolpidem (*Ambien*)
- Zopiclone, Eszopiclone (*Zimovane, Lunesta*)

6. ANTI-CONVULSANTS

- Carbamazepine (*Tegretol*)
- Gabapentin (*Neurontin*)
- Lamotrigine (*Lamictal*)
- Levetiracetam (*Keppra*)
- Oxcarbazepine (*Trileptal*)
- Phenytoin (*Dilantin, Phenytek*)
- Pregabalin (*Lyrica*)
- Primidone (*Mysoline*)
- Tiagabine (*Gabitril*)
- Topiramate (*Topamax, Qudexy XR*)
- Valproic Acid (*Depakote*)
- Zonisamide (*Zonegran*)

7. MUSCLE RELAXANTS

- Baclofen (*Lioresal*)
- Carisoprodol (*Soma*)
- Cyclobenzaprine (*Flexeril*)
- Metaxalone (*Skelaxin, Metaxall*)
- Methocarbamol (*Robaxin*)

8. STIMULANTS / ADHD

- Atomoxetine (*Strattera*)
- Amphetamine (*Adderall*)
- Caffeine (*Viviran, Cafcit*)
- Ephedrine (*Bronkaid*)
- Guanfacine (*Tenex, Intuniv*)

- Methylphenidate (*Ritalin*)
- Lisdexamfetamine (*Vyvanse*)
- Ritalinic Acid (*Methylphenidate*)

9. DECONGESTANTS

- Dextromethorphan (*Robitussin*)
- Pseudoephedrine (*Sudafed*)

10. APPETITE STIMULANTS

- Marinol (*Dronabinol Extract*)
- Phentermine (*Suprenza*)

11. ANTIDOTES

- Naloxone (*Revvia, Vivitrol*)
- Naltrexone (*Evzio*)

12. ILLICITS

- 6-MAM (*Heroin*)
- Acetyl-Fentanyl
- Alpha-PVP ("*Flakka*")
- Carfentanil (*Wildnil®*)
- Cocaine ("*Coke*")
- DMT (*Tryptamine, Psilocybin*)
- MDA (*Tenamfetamine*)
- MDEA ("*Eve*")
- MDMA (*Ecstasy, "Molly"*)
- MDPV (*Bath Salts*)
- Mephedrone (*Bath Salts*)
- Methamphetamine (*Meth*)
- Methylone (*Bath Salts*)
- Mitragnine (*Kratom*)
- PCP (*Phencyclidine*)
- THC (*Marijuana*)
- U-47700 (*Synthetic Opioid*)

SPICE CANNABINOIDS (K2/SPICE)

- 5-Fluoro NPB-22
- AB-FUBINACA
- AM-2201
- FDU-PB-22
- HU-210
- JWH-019
- JWH-073-4-Hydroxybutyl
- JWH-081
- JWH-122
- JWH-18-5-Pentonic Acid
- JWH-18-5-Pentanyl
- JWH-250-5-OH-Pentanyl
- MMB-CHMICA

13. BARBITURATES

- Amobarbital (*Amytal*)
- Butobarbital (*Butisol*)
- Butalbital (*Axotal*)
- Phenobarbital (*Luminal*)
- Pentobarbital (*Nembutal*)
- Secobarbital (*Seconal*)

14. DIRECT BIOMARKERS

- o Cotinine (*Nicotine*)
- o ETG (*Ethanol Metabolite*)
- o ETS (*Ethanol Metabolite*)

15. ANTI-INFLAMMATORY / NSAIDs

- o Allopurinol (*Aloprim*)
- o Celecoxib (*Celebrex*)
- o Chlorpheniramine (*Chlor Trimenton*)
- o Colchicine (*Colcrys, Mitigare*)
- o Diclofenac (*Voltaren, Cambia, Solaraze*)
- o Etodolac (*Lodine*)
- o Febuxostat (*Uloric*)
- o Hydroxychloroquine (*Plaquenil*)
- o Ibuprofen (*Advil*)
- o Indomethacin (*Tivorbex*)
- o Meloxicam (*Mobic*)
- o Naproxen (*Aleve, Naprosyn*)
- o Olopatadine (*Patanol, Pataday*)
- o Oxipurinol (*Oxyprim*)
- o Piroxicam (*Feldene*)
- o Sumatriptan (*Alsuma*)
- o Tofacitinib (*Xeljanz, Jakvinus*)

16. ANTI-HISTAMINES

- o Cetirizine (*Zyrtec*)
- o Desloratadine (*Clarinet*)
- o Diphenhydramine (*Benadryl, Banophen*)
- o Fexofenadine (*Aller-ease*)
- o Hydroxyzine (*Vistaril*)
- o Loratadine (*Claritin*)
- o Montelukast (*Singulair*)

17. CARDIOVASCULAR

- o Acebutolol (*Sectral*)
- o Amiodarone (*Nexterone, Pacerone*)
- o Amlodipine (*Norvasc*)
- o Apixaban (*Eliquis*)
- o Atenolol (*Tenormin*)
- o Atorvastatin (*Lipitor*)
- o Benazepril (*Lotensin*)
- o Bisoprolol (*Zebeta, Concor*)
- o Candesartan cilexetil (*Biopress, Atacand*)
- o Candesartan (*Biopress, Atacand*)
- o Carvedilol (*Coreg*)
- o Cilostazol (*Pletal*)
- o Clopidogrel (*Plavix*)
- o Dabigatran (*Pradaxa*)
- o Diltiazem (*Cardizem*)
- o Dipyridamole (*Persantine*)
- o Dronedarone (*Multaq*)

17. CARDIOVASCULAR (cont'd)

- o Eletriptan (*Relpax*)
- o Enalaprilat (*Vasotec, Renitec*)
- o Ezetimibe (*Zetia, Ezetrol*)
- o Fenofibrate (*Tricor*)
- o Flecainide (*Tambacor*)
- o Gemfibrozil (*Lopid*)
- o Hydrochlorothiazide (*Microzide*)
- o Irbesartan (*Avapro*)
- o Labetalol (*Normodyne*)
- o Lisinopril (*Prinivil*)
- o Losartan (*Cozaar*)
- o Metoprolol (*Lopressor*)
- o Nadolol (*Corgard*)
- o Nifedipine (*Adalat*)
- o Olmesartan (*Benicar*)
- o Pentoxifylline (*Pentoxil*)
- o Propranolol (*Inderal*)
- o Ranolazine (*Ranexa*)
- o Rivaroxaban (*Xarelto*)
- o Simvastatin (*Zocor*)
- o Telmisartan (*Micardis*)
- o Ticagrelor (*Brilinta*)
- o Valsartan (*Diovan*)
- o Verapamil (*Verelan*)
- o Warfarin (*Coumadin*)

18. ANTIMICROBIAL

- o Itraconazole (*Sporanox*)
- o Nitrofurantoin (*Macrobid*)

19. GASTROINTESTINAL / DIETARY

- o Biotin (*Vitamin B7/H*)
- o Famotidine (*Pepcid*)
- o Hyoscyamine (*Levsin*)
- o Lansoprazole (*Prevacid*)
- o Metoclopramide (*Reglan*)
- o Omeprazole (*Losec, Prilosec*)
- o Pantoprazole (*Protonix*)
- o Ranitidine (*Zantac*)

20. ANTI-EMETIC

- o Ondansetron (*Zofran*)
- o Promethazine (*Phenergan, Phenadox*)

21. DIABETIC

- o Glimperide (*Amaryl*)
- o Glipizide (*Glucotrol*)
- o Glyburide (*Glynase*)
- o Linagliptin (*Tradjenta*)
- o Metformin (*Glumetza*)
- o Nateglinide (*Starlix*)
- o Pioglitazone (*Actos*)
- o Repaglinide (*Prandin*)
- o Rosiglitazone (*Avandia*)
- o Saxagliptin (*Onglyza*)
- o Sitagliptin (*Januvia*)

22. DIURETICS / INCONTINENCE

- o Acetazolamide (*Daimox Sequels*)
- o Alfuzosin (*Uroxatral*)
- o Canrenone (*Contaren*)
- o Chlorothiazide (*Diuril*)
- o Darifenacin (*Enablex*)
- o Doxazosin (*Cardura*)
- o Furosemide (*Lasix*)
- o Indapamide (*Losol*)
- o Solifenacin (*VESIcare*)
- o Terazosin (*Hytrin*)
- o Torsemide (*Demadex*)
- o Triamterene (*Dyrenium*)

23. PDE (Phosphodiesterase inhibitors)

- o Sildenafil (*Viagra, Revatio*)
- o Vardenafil (*Levitra*)
- o Tadalafil (*Cialis, Adcirca*)

24. CORTICOSTEROIDS / HORMONE THERAPY

- o Budesonide (*Entocort*)
- o Dexamethasone (*Ozurdex*)
- o Levothyroxine (*Synthroid*)
- o Finasteride (*Proscar*)
- o Prednisolone (*Omnipred*)
- o Raloxifene (*Evista*)

25. ANTI-NEOPLASTICS / CANCER THERAPY

- o Methotrexate (*Trexall*)

26. DEMENTIA (Parkinson's/Alzheimer's)

- o Donepezil (*Aricept*)
- o Rivastigmine (*Exelon*)
- o Ropinirole (*Requip*)

SAMPLE HANDLING

Time Collected: _____ AM/PM Date Collected: _____

Collected by: _____

The following **MUST** be completed (check all that apply):

- Desired Drug Panels marked above. **Separate Medication List provided.**
- Minimum of 5 mL specimen provided in **Urine Test Cup or**
- Minimum of 0.25 mL specimen provided in **Oral Fluid Device**
- Sample device sealed tightly**, bagged in BIOHAZARD BAG with no spill

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: _____