

**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)

I certify that I have voluntarily provided a fresh unadulterated urine/dried blood/oral fluid specimen for analytical testing. The information provided on this form and on the label affixed to the specimen 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 specimen type & drugs/drug classes for testing):**

- URINE SPECIMEN**  **DRIED BLOOD SPOT SPECIMEN (all 4 tips)**  **ORAL FLUID SPECIMEN**

**URINALYSIS/VALIDITY TESTING (Urine)**

**TEST FOR ALL CLASSES BELOW (1-26):**

**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 (*Asenden*)
- Bupropion (*Wellbutrin*)
- Citalopram (*Celexa*)
- Clomipramine (*Anafranil*)
- Desipramine (*Norpramin*)
- Desvenlafaxine (*Pristiq*)
- Doxepin (*Silenor, Prudoxin*)
- Duloxetine (*Cymbalta*)
- Fluoxetine (*Prozac*)
- Fluvoxamine (*Luvox*)
- Imipramine (*Tofranil*)
- D-L-Kavain, Yanguonin, 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 (*Evzio*)
- Naltrexone (*Revia, Vivitrol*)

**12. ILLICITS**

- 6-MAM (*Heroin*)
- Acetyl-Fentanyl
- Alpha-PVP (*"Flakka"*)
- Carfentanil (*Wildnil®*)
- Cocaine (*"Coke"*)
- DMT (*Tryptamine*)
- 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*)
- Butabarbital (*Butisol*)
- Butalbital (*Axotal*)
- Phenobarbital (*Luminal*)
- Pentobarbital (*Nembutal*)
- Secobarbital (*Seconal*)

**14. DIRECT BIOMARKERS**

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

**15. ANTI-INFLAMMATORY / NSAIDS**

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

**16. ANTI-HISTAMINES**

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

**17. CARDIOVASCULAR**

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

**17. CARDIOVASCULAR (cont'd)**

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

**18. ANTIMICROBIAL**

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

**19. GASTROINTESTINAL / DIETARY**

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

**20. ANTI-EMETIC**

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

**21. DIABETIC**

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

**22. DIURETICS / INCONTINENCE**

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

**23. PDE (Phosphodiesterase inhibitors)**

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

**24. CORTICOSTEROIDS / HORMONE THERAPY**

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

**25. ANTI-NEOPLASTICS / CANCER THERAPY**

- Methotrexate (*Trexall*)

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

- Donepezil (*Aricept*)
- Rivastigmine (*Exelon*)
- 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 (seal lid!)**
- or** Minimum of 0.25 mL specimen provided in **Oral Fluid Device**
- Urine/Saliva device sealed tightly &** bagged in BIOHAZARD BAG with no spill
- or CleanAssure™** test by dried blood spot (**use 4-tip Microsampling Kit**).
- CleanAssure™** specimen must be shipped sealed in foil bag with desiccant.

**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:** \_\_\_\_\_