



Virant Diagnostics, Inc.

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Toxicology Test Requisition Form

Place Barcode Label Here

Urine Specimen Information

Collection Date: ___ / ___ / ___
 Collection Time: ___ : ___ AM PM

PATIENT INFORMATION

Last Name:	First Name:	Date of Birth:
Email:	Phone:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	City: State: Zip:	
Medications:		

DIAGNOSIS CODES

- Z03.89: Encounter for observation for other suspected diseases and conditions ruled out
 Z79.891: Long term (current) use of opiate analgesic Z79.899: Other long term (current) drug therapy
 Other: Other: Other: Other:

PATIENT CONSENT/AUTHORIZATION

The specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis ordered by the authorizing healthcare provider (or my child's or legal dependent's authorized healthcare provider). I authorize the lab to release the results of this test to the ordering healthcare provider. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer. If my insurer pays me directly, I agree to endorse the check and forward it to the lab. I understand that I am responsible for any amounts not paid by the insurer for reasons including, but not limited to, coinsurance, deductibles, non-covered, and non-authorized services. I further authorize the lab and my physician to release to my insurance company any medical information necessary to process this claim. Should there be no insurance coverage, the lab reserves the right to directly bill the patient.

Patient Signature: _____ **Date:** ___ / ___ / ___

INSURANCE AND PAYMENT INFORMATION

- Bill Insurance (Attach copy of insurance card, front and back) Bill Client Bill Patient (Cash/Check/Credit Card) Other:

Primary Plan Name:	Policy Holder Name:
Policy #:	Group #:
Secondary Plan Name:	Policy Holder Name:
Policy #:	Group #:

HEALTHCARE PROVIDER INFORMATION

Provider Name:	NPI:
Organization:	Phone:
Address:	City: State: Zip:

Provider Authorization Signature: _____ **Date:** ___ / ___ / ___

SCREENING TEST MENU

Specimen Requirements: 5 cc or more of unadulterated urine should be collected using the cup provided. Please label the cup with the patient's name and date of birth.

<input type="checkbox"/> 002: Buprenorphine Screen	<input type="checkbox"/> 003: Ecstasy Screen (MDA, MDEA and MDMA)
<input type="checkbox"/> 004: Ethyl Alcohol Screen	<input type="checkbox"/> 005: EtG Screen (Ethyl Glucuronide)
<input type="checkbox"/> 006: Fentanyl Screen	<input type="checkbox"/> 007: Mitragynine (Kratom)
<input type="checkbox"/> 008: Tricyclics Antidepressants Screen	
<input type="checkbox"/> 009: Five (5) Panel Drug Classes <i>Amphetamines (d-Amphetamine and d-Methamphetamine); Cocaine Metabolite; Opiates (Codeine, Hydrocodone, Hydromorphone, Morphine, Oxycodone, and Oxymorphone); Phencyclidine (PCP); THC (Cannabinoids)</i>	
<input type="checkbox"/> 010: Six (6) Panel Drug Classes <i>5 Panel Drug classes plus Heroin Metabolite</i>	<input type="checkbox"/> 011 Ten (10) Panel Drug Classes <i>5 Panel Drug classes plus Barbiturates, Benzodiazepines, Ecstasy, Heroin Metabolite and Methadone</i>

CONFIRMATION TEST MENU	
<input type="checkbox"/> 012: Alcohol Biomarkers <i>Ethyl Glucuronide (EtG); Ethyl Sulfate (EtS)</i>	<input type="checkbox"/> 013: Alkaloids, not otherwise specified <i>Cotinine (Nicotine Metabolite); Mitragynine (Kratom)</i>
<input type="checkbox"/> 014: Amphetamines <i>Amphetamine (Adderall); Methamphetamine (Desoxyn); Phentermine (Ionamin, Sentis)</i>	<input type="checkbox"/> 015: Antidepressants, tricyclic <i>Amitriptyline (Elavil); Desipramine (Norpramine); Nortriptyline (Pamelor)</i>
<input type="checkbox"/> 016: Antipsychotics, not otherwise specified <i>9-Hydroxyrisperidone (Risperdal Metabolite)</i>	<input type="checkbox"/> 017: Barbiturates <i>Amobarbital (Amylobarbitone, Sodium Amytal); Butalbital (Esgic, Fioricet, Fiorinal, Sandoptal); Phenobarbital (Luminal)</i>
<input type="checkbox"/> 018: Benzodiazepines <i>Alprazolam (Xanax); alpha-Hydroxyalprazolam (Xanax Metabolite); 7-Aminoclonazepam (Klonopin Metabolite); Lorazepam (Ativan); Nordiazepam (Nordaz); Oxazepam (Serax); Temazepam (Restoril)</i>	<input type="checkbox"/> 019: Buprenorphine <i>Buprenorphine (Belbuca, Buprenex, Butrans, Sublocade, Subutex); Norbuprenorphine</i>
<input type="checkbox"/> 020: Cannabinoids, natural <i>THC-COOH (Cannabis Metabolite)</i>	<input type="checkbox"/> 021: Cannabinoids, synthetic <i>JWH-018 4-hydroxypentyl (JWH-018 Metabolite); JWH-073 3-Hydroxybutyl (JWH-073 Metabolite); JWH-122 4-Hydroxypentyl (JWH-122 Metabolite)</i>
<input type="checkbox"/> 022: Cocaine Metabolite <i>Benzoyllecgonine (Cocaine Metabolite)</i>	<input type="checkbox"/> 023: Fentanyl <i>Fentanyl (Actiq, Duragesic, Fentora, Sublimaze); Norfentanyl</i>
<input type="checkbox"/> 024: Gabapentin <i>Gabapentin (Neurontin)</i>	<input type="checkbox"/> 025: Heroin Metabolite <i>6-Acetylmorphine (6-AM)</i>
<input type="checkbox"/> 026: Methadone <i>Methadone (Dolophine, Methadose); EDDP (Methadone Metabolite)</i>	<input type="checkbox"/> 027: Methylenedioxyamphetamines <i>MDA (Sally); MDEA (MDE, Eve); MDMA (Ecstasy)</i>
<input type="checkbox"/> 028: Opiates <i>Codeine; Hydrocodone (Hysingla, Zohydro); Norhydrocodone; Hydromorphone; Morphine</i>	<input type="checkbox"/> 029: Opioids and opiate analogs <i>Meperidine (Demerol); Normeperidine; Naloxone (Narcan)</i>
<input type="checkbox"/> 030: Oxycodone and Oxymorphone <i>Oxycodone (Roxicodone, OxyContin); Noroxycodone; Oxymorphone (Numorphan, Opana)</i>	<input type="checkbox"/> 031: Phencyclidine <i>Phencyclidine (Angel Dust, PCP)</i>
<input type="checkbox"/> 032: Pregabalin <i>Pregabalin (Lyrica)</i>	<input type="checkbox"/> 033: Propoxyphene <i>Propoxyphene (Darvon, PPX); Norpropoxyphene</i>
<input type="checkbox"/> 034: Sedative Hypnotics (non-benzodiazepines) <i>Zaleplon (Sonata); Zolpidem (Ambien)</i>	<input type="checkbox"/> 035: Skeletal Muscle Relaxants <i>Carisoprodol (Soma); Cyclobenzaprine (Flexeril); Meprobamate (Equanil, Miltown)</i>
<input type="checkbox"/> 036: Stimulants, synthetic <i>MDPV (Methylenedioxypropylrovalerone); Methylone (MDMC, 8k-MDMA)</i>	<input type="checkbox"/> 037: Tapentadol <i>Tapentadol (Nucynta)</i>
<input type="checkbox"/> 038: Tramadol <i>Tramadol (Ultram); O-Desmethyl-cis-tramadol</i>	<input type="checkbox"/> 039: Anti-ADHD <i>Amphetamine (Adderall); Desipramine (Norpramin); Imipramine (Tofranil); Methamphetamine (Desoxyn); Nortriptyline (Pamelor); Phentermine (Ionamin, Sentis)</i>
<input type="checkbox"/> 040: Five (5) Panel Drug <i>Amphetamine; Methamphetamine; Benzoyllecgonine; THC-COOH; Codeine; Morphine; Hydrocodone; Norhydrocodone; Hydromorphone; Phencyclidine</i>	<input type="checkbox"/> 041: Six (6) Panel Drug <i>5 Panel Drug plus 6-Acetylmorphine</i>
<input type="checkbox"/> 042: Eleven (11) Panel Drug <i>5 Panel Drug plus 6-Acetylmorphine; MDA; MDEA; MDMA; Amobarbital; Butalbital; Phenobarbital; Alprazolam; alpha-Hydroxyalprazolam; 7-Aminoclonazepam; Nordiazepam; Lorazepam; Oxazepam; Temazepam; Methadone; EDDP; Propoxyphene</i>	<input type="checkbox"/> 043: Illicit Drugs <i>6-Acetylmorphine; Amphetamine; Benzoyllecgonine; JWH-018 4-hydroxypentyl; JWH-073 3-Hydroxybutyl; JWH-122 4-Hydroxypentyl; Fentanyl; Norfentanyl; MDA; MDEA; MDMA; Methamphetamine; Mitragynine; MDPV; Methylone; Phencyclidine; THC-COOH</i>
<input type="checkbox"/> 044: Opioids Panel Plus <i>Buprenorphine; Norbuprenorphine; Codeine; Fentanyl; Norfentanyl; Hydrocodone; Norhydrocodone; Hydromorphone; Methadone; EDDP; Mitragynine; Morphine; Oxycodone; Noroxycodone; Oxymorphone; Tapentadol; Tramadol; O-Desmethyl-cis-tramadol</i>	
FOR LABORATORY USE ONLY	
Accession #:	Patient ID:
Client/Physician ID:	Date Received: ____ / ____ / ____ Time Received: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM

Please visit our webpage at www.virantdx.com/testing-solutions/toxicology/ and contact us at toxlab@virantdx.com or (877) 888-2973 for any inquiries.