



# 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 sample identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this sample for analysis ordered by the authorizing healthcare provider (or my child's or legal dependent's physician or authorized healthcare provider). Test results are confidential, and they will be only released to the healthcare providers as specified on the test requisition form.

I agree to assume responsibility for payment for laboratory services that are not covered by my healthcare insurer. I assign to and direct that payment made directly to Virant Lab from my insurer. If my insurer pays me directly, I agree to forward the check to the Virant Lab. I understand that I am responsible for any amounts not paid by the insurer. I further authorize Virant Lab and my physician to release to my insurance company any medical information necessary to process this claim. Should there be no insurance coverage, Lab reserves the right to directly bill the patient.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Printed Name: \_\_\_\_\_ Relationship:  Self  Parent  Legal Guardian  Durable Power of Attorney for Health Care

**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"/> <b>002: Buprenorphine Screen</b>  <input type="checkbox"/> <b>004: Ethyl Alcohol Screen</b>  <input type="checkbox"/> <b>006: Fentanyl Screen</b>  <input type="checkbox"/> <b>008: Tricyclics Antidepressants Screen</b>  <input type="checkbox"/> <b>009: Five (5) Panel Drug Classes</b> <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"/> <b>003: Ecstasy Screen (MDA, MDEA and MDMA)</b>  <input type="checkbox"/> <b>005: EtG Screen (Ethyl Glucuronide)</b>  <input type="checkbox"/> <b>007: Mitragynine (Kratom)</b>  <input type="checkbox"/> <b>010: Six (6) Panel Drug Classes</b> <i>5 Panel Drug classes plus Heroin Metabolite</i>
<input type="checkbox"/> <b>011 Ten (10) Panel Drug Classes</b> <i>5 Panel Drug classes plus Barbiturates, Benzodiazepines, Ecstasy, Heroin Metabolite and Methadone</i>	

CONFIRMATION TEST MENU	
<input type="checkbox"/> <b>012: Alcohol Biomarkers</b> <i>Ethyl Glucuronide (EtG); Ethyl Sulfate (EtS)</i>	<input type="checkbox"/> <b>013: Alkaloids, not otherwise specified</b> <i>Cotinine (Nicotine Metabolite); Mitragynine (Kratom)</i>
<input type="checkbox"/> <b>014: Amphetamines</b> <i>Amphetamine (Adderall); Methamphetamine (Desoxyn); Phentermine (Ionamin, Sentis)</i>	<input type="checkbox"/> <b>015: Antidepressants, tricyclic</b> <i>Amitriptyline (Elavil); Desipramine (Norpramine); Nortriptyline (Pamelor)</i>
<input type="checkbox"/> <b>016: Antipsychotics, not otherwise specified</b> <i>9-Hydroxyrisperidone (Risperdal Metabolite)</i>	<input type="checkbox"/> <b>017: Barbiturates</b> <i>Amobarbital (Amylobarbitone, Sodium Amytal); Butalbital (Esgic, Fioricet, Fiorinal, Sandoptal); Phenobarbital (Luminal)</i>
<input type="checkbox"/> <b>018: Benzodiazepines</b> <i>Alprazolam (Xanax); alpha-Hydroxyalprazolam (Xanax Metabolite); 7-Aminoclonazepam (Klonopin Metabolite); Lorazepam (Ativan); Nordiazepam (Nordaz); Oxazepam (Serax); Temazepam (Restoril)</i>	<input type="checkbox"/> <b>019: Buprenorphine</b> <i>Buprenorphine (Belbuca, Buprenex, Butrans, Sublocade, Subutex); Norbuprenorphine</i>
<input type="checkbox"/> <b>020: Cannabinoids, natural</b> <i>THC-COOH (Cannabis Metabolite)</i>	<input type="checkbox"/> <b>021: Cannabinoids, synthetic</b> <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"/> <b>022: Cocaine Metabolite</b> <i>Benzoyllecgonine (Cocaine Metabolite)</i>	<input type="checkbox"/> <b>023: Fentanyl</b> <i>Fentanyl (Actiq, Duragesic, Fentora, Sublimaze); Norfentanyl</i>
<input type="checkbox"/> <b>024: Gabapentin</b> <i>Gabapentin (Neurontin)</i>	<input type="checkbox"/> <b>025: Heroin Metabolite</b> <i>6-Acetylmorphine (6-AM)</i>
<input type="checkbox"/> <b>026: Methadone</b> <i>Methadone (Dolophine, Methadose); EDDP (Methadone Metabolite)</i>	<input type="checkbox"/> <b>027: Methylenedioxyamphetamines</b> <i>MDA (Sally); MDEA (MDE, Eve); MDMA (Ecstasy)</i>
<input type="checkbox"/> <b>028: Opiates</b> <i>Codeine; Hydrocodone (Hysingla, Zohydro); Norhydrocodone; Hydromorphone; Morphine</i>	<input type="checkbox"/> <b>029: Opioids and opiate analogs</b> <i>Meperidine (Demerol); Normeperidine; Naloxone (Narcan)</i>
<input type="checkbox"/> <b>030: Oxycodone and Oxymorphone</b> <i>Oxycodone (Roxicodone, OxyContin); Noroxycodone; Oxymorphone (Numorphan, Opana)</i>	<input type="checkbox"/> <b>031: Phencyclidine</b> <i>Phencyclidine (Angel Dust, PCP)</i>
<input type="checkbox"/> <b>032: Pregabalin</b> <i>Pregabalin (Lyrica)</i>	<input type="checkbox"/> <b>033: Propoxyphene</b> <i>Propoxyphene (Darvon, PPX); Norpropoxyphene</i>
<input type="checkbox"/> <b>034: Sedative Hypnotics (non-benzodiazepines)</b> <i>Zaleplon (Sonata); Zolpidem (Ambien)</i>	<input type="checkbox"/> <b>035: Skeletal Muscle Relaxants</b> <i>Carisoprodol (Soma); Cyclobenzaprine (Flexeril); Meprobamate (Equanil, Miltown)</i>
<input type="checkbox"/> <b>036: Stimulants, synthetic</b> <i>MDPV (Methylenedioxypropylvalerone); Methylone (MDMC, 8k-MDMA)</i>	<input type="checkbox"/> <b>037: Tapentadol</b> <i>Tapentadol (Nucynta)</i>
<input type="checkbox"/> <b>038: Tramadol</b> <i>Tramadol (Ultram); O-Desmethyl-cis-tramadol</i>	<input type="checkbox"/> <b>039: Anti-ADHD</b> <i>Amphetamine (Adderall); Desipramine (Norpramin); Imipramine (Tofranil); Methamphetamine (Desoxyn); Nortriptyline (Pamelor); Phentermine (Ionamin, Sentis)</i>
<input type="checkbox"/> <b>040: Five (5) Panel Drug</b> <i>Amphetamine; Methamphetamine; Benzoyllecgonine; THC-COOH; Codeine; Morphine; Hydrocodone; Norhydrocodone; Hydromorphone; Phencyclidine</i>	<input type="checkbox"/> <b>041: Six (6) Panel Drug</b> <i>5 Panel Drug plus 6-Acetylmorphine</i>
<input type="checkbox"/> <b>042: Eleven (11) Panel Drug</b> <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"/> <b>043: Illicit Drugs</b> <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"/> <b>044: Opioids Panel Plus</b> <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/](http://www.virantdx.com/testing-solutions/toxicology/) and contact us at [toxlab@virantdx.com](mailto:toxlab@virantdx.com) or (877) 888-2973 for any inquiries.