



CLINICAL URINE DRUG SCREEN TEST REQUISITION

Ctr for Genetics at Saint Francis Clinical Mass Spectrometry Laboratory 6465 S. Yale, # 1010 Tulsa, OK 74136 Phone 918-502-2290 Fax 918-502-2292	BILLING: <input type="radio"/> INSURANCE (PROVIDE CARD) <input type="radio"/> SELF PAY	SPECIMEN ID NUMBER (Lab Use Only)
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PATIENT/ ORDER	LAST NAME _____ FIRST NAME _____ MI _____ DOB (MM/DD/YY) _____ SSN OR OTHER ID _____ ICD-9-CM DIAGNOSIS CODE REQUIRED: _____ Requesting Physician: _____ Ordering Physician Signature: _____ <div style="text-align: center; font-size: small;">Print Name</div>
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CLINICAL URINE DRUG SCREEN WITH REFLEX TO CONFIRMATION - (10-30 mL clean catch urine)

THIS SECTION IS **NOT** FOR LABORATORY TEST ORDERING

INDICATING A PATIENT'S MEDICATION(S) WILL NOT GENERATE A LABORATORY TEST FOR THE SPECIFIC MEDICATION SELECTED.

PLEASE INDICATE PRESCRIBED MEDICATION(S) BELOW: NO PRESCRIPTION MEDICATIONS

	GENERIC NAME	(COMMON TRADE NAMES)		GENERIC NAME	(COMMON TRADE NAMES)		
CURRENT PRESCRIPTION MEDICATIONS	STIMULANTS	<input type="checkbox"/> AMPHETAMINE AND DEXTROAMPHETAMINE	(ADDERALL, DEXEDRINE)	OPIATES/OPIOIDS	<input type="checkbox"/> BUPRENORPHINE	(BELBUCA, BUPRENEX, BUTRANS)	
		<input type="checkbox"/> BENZPHETAMINE	(REGIMEX)		<input type="checkbox"/> CODEINE	(TYLENOL WITH CODEINE NO 3, FIORICET WITH CODEINE)	
		<input type="checkbox"/> DEXMETHYLPHENIDATE	(FOCALIN)		<input type="checkbox"/> FENTANYL	(DURAGESIC, FENTORA, ACTIQ)	
		<input type="checkbox"/> LISDEXAMFETAMINE	(VYVANSE)		<input type="checkbox"/> HYDROCODONE	(NORCO, LORTAB, VICODIN, VICOPROFEN, TUSSIONEX)	
		<input type="checkbox"/> METHYLPHENIDATE	(RITALIN, CONCERTA, METADATE)		<input type="checkbox"/> HYDROMORPHONE	(DILAUDID)	
		<input type="checkbox"/> PHENTERMINE	(ADIPEX-P)		<input type="checkbox"/> MEPERIDINE	(DEMEROL)	
	BENZODIAZEPINES	<input type="checkbox"/> ALPRAZOLAM	(XANAX)		<input type="checkbox"/> METHADONE	(DOLOPHINE, METHADOSE)	
		<input type="checkbox"/> CLONAZEPAM	(KLONOPIN)		<input type="checkbox"/> MORPHINE	(AVINZA, KADIAN, MS CONTIN, ORAMORPH SR, ROXANOL)	
		<input type="checkbox"/> DIAZEPAM	(VALIUM, DIASTAT)				
		<input type="checkbox"/> MIDAZOLAM	(VERSED)				
		<input type="checkbox"/> FLURAZEPAM	(DALMANE)		<input type="checkbox"/> NALOXONE	(NARCAN)	
		<input type="checkbox"/> LORAZEPAM	(ATIVAN)		<input type="checkbox"/> OXYCODONE	(OXYCONTIN, ROXICODONE, PERCOCET, ROXICET, TYLOX, PERCODAN)	
		<input type="checkbox"/> OXAZEPAM	(SERAX)		<input type="checkbox"/> OXYMORPHONE	(OPANA)	
		<input type="checkbox"/> TEMAZEPAM	(RESTORIL)		<input type="checkbox"/> TAPENTADOL	(NUCYNTA)	
		<input type="checkbox"/> TRIAZOLAM	(HALCION)		<input type="checkbox"/> TRAMADOL	(ULTRAM)	
	<input type="checkbox"/>						
	BARBITURATES	<input type="checkbox"/> AMOBARBITAL/ PENTOBARBITAL	(AMYTAL)		OTHER	<input type="checkbox"/> CARISOPRODOL	(SOMA)
		<input type="checkbox"/> BUTALBITAL	(FIORINAL, FIORICET, PHRENILIN)			<input type="checkbox"/> CYCLOBENZAPRINE	(FLEXERIL)
<input type="checkbox"/> PHENOBARBITAL		(LUMINAL, DONNATAL)	<input type="checkbox"/> GABAPENTIN	(NEURONTIN)			
<input type="checkbox"/> SECOBARBITAL		(SECONAL)	<input type="checkbox"/> MEPROBAMATE				
<input type="checkbox"/>			<input type="checkbox"/> MARIJUANA (THC)	(MARIJUANA)			
		<input type="checkbox"/> PREGABALIN	(LYRICA)				
		<input type="checkbox"/> ZOLPIDEM	(AMBIEN)				

OTHER MEDICATION: _____ COMMENTS: _____

Received Date/ Time	Sample Volume	Lab Use Only
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