



Laboratory Requisition Form, Urine

CLIA #11D2166978
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Account Information

GeneX.com

Requesting Physician

Collection Date/Time Collected: _____

Collected By: _____

Patient Information New Patient

Last _____ First _____ Middle Initial _____ Sex _____ Date of Birth _____ Social Security # _____

Address _____ City _____ State _____ Zip _____ Phone _____ Email _____

Insurance Information (REQUIRED: Enclose a copy of the front and back of patient's insurance card(s), driver's license, and patient demographic.)

Insurance Com _____ Insurance Address _____ City _____ State _____ Zip _____

Insurance Phone _____ Policy ID # _____ Group # _____

Name of Insured _____ Relationship to Patient and/or Employer _____

ICD-10 Diagnosis Code(s) _____

Confirm Current Medication(s) _____

Follow Step 1 and 2 for test ordering:

1 Pro-GeneX Diagnostic Presumptive (Screening) Testing

• Will reflex all positive/inconsistent results and confirm all prescribed medication.

• In addition, make any further selections from option #2

2 Pro-GeneX Diagnostics Definitive Testing

[] Based on medical necessity, perform definitive testing on the following class(es) of drug(s) regardless of presumptive testing.

CLASSES	TEST CODE	CLASSES	TEST CODE	CLASSES	TEST CODE
<input type="checkbox"/> Alcohol Biomarkers	TOX-U-ALC	<input type="checkbox"/> Antidepressants, Atypical	TOX-U-ADA	<input type="checkbox"/> Muscle Relaxants	TOX-U-MRX
<input type="checkbox"/> Amphetamines	TOX-U-AMP	<input type="checkbox"/> Antidepressants, SNRIs	TOX-U-ADN	<input type="checkbox"/> Opioids	TOX-U-OPI
<input type="checkbox"/> Anticonvulsants	TOX-U-ACV	<input type="checkbox"/> Antidepressants, SSRIs	TOX-U-ADS	<input type="checkbox"/> Sedatives	TOX-U-SED
<input type="checkbox"/> Antipsychotics	TOX-U-APS	<input type="checkbox"/> Antidepressants, Tricyclic	TOX-U-ADT	<input type="checkbox"/> Stimulants	TOX-U-STM
<input type="checkbox"/> Barbiturates	TOX-U-BAR			<input type="checkbox"/> Z-drug	TOX-U-ZZZ
<input type="checkbox"/> Benzodiazepines	TOX-U-BEN			<input type="checkbox"/> Over-the-counter	TOX-U-OTC
<input type="checkbox"/> Illicit	TOX-U-ILL			<input type="checkbox"/> Nicotine Metabolites	TOX-U-NIC
<input type="checkbox"/> Cannabinoids	TOX-U-THC				

Authorization

By signing this authorization, I am acknowledging that payment(s) be made on my behalf to Pro-GeneX Laboratories, Inc., for any services provided to me by Pro-GeneX Laboratories, Inc., and any subsequent test(s) ordered by my physician. I authorize the release of my health information for the purposes of treatment and claims processing

Patient Signature: _____

Date: _____

By submitting this order and requisition form for testing at Pro-GeneX Laboratories, Inc., as a provider, I acknowledge that only medically necessary tests should be ordered; the test(s) requested on this form are medically necessary and reasonable for the diagnosis and treatments rendered; and I have written an order and documented medical necessity in the patient's medical record that supports the need for the requested test(s). If presumptive test(s) are performed, any request for definitive testing for drugs screened by LC-MS/MS is medically necessary for this patient. I also acknowledge that I am, or the organization I work for is, responsible for paying Pro-GeneX Laboratories, Inc. for the requested test(s) regardless of whether me or my organization receive reimbursement for the requested test(s) from the patient or the patient's insurer.

I agree to have the documented medical necessity to support the ordering of tests for my patient.

Physician Signature: _____

Date: _____

DRUG CLASS REFERENCE (Urine)

Alcohol

Ethyl Glucuronide
Ethyl Sulfate

Anticonvulsants

Gabapentin
Pregabalin

Antidepressants-Atypical

Hydroxybupropion
Trazodone

Antidepressant-SNRI

Duloxetine
Venlafaxine/O-Desmethylvenlafaxine

Antidepressants-SSRI

Citalopram/N-Desmethylcitalopram
Fluoxetine/Norfluoxetine
Paroxetine
Sertraline/Norsertraline

Antidepressants-Tricyclic

Amitriptyline
Clomipramine/N-Desmethylclomipramine
Desipramine
Doxepin/Desmethyldoxepin
Imipramine
Nortriptyline/protriptyline
Trimipramine/N-Desmethyltrimipramine

Antipsychotics

Aripiprazole/Dehydroaripiprazole
Clozapine
Haloperidol
Olanzapine/N-Desmethylolanzapine
Risperidone/S-Hydroxyrisperidone

Amphetamines

Amphetamine
Methamphetamine

Barbiturates

Amo/Pentobarbital
Butalbital
Phenobarbital

Benzodiazepines

Alprazolam/a-Hydroxyalprazolam
7-Aminoclonazepam
Diazepam
Flunitrazepam/7-Aminoflunitrazepam
Flurazepam/Desalkylflurazepam
Lorazepam
Midazolam/a-Hydroxymidazolam
Nordiazepam
Oxazepam
Temazepam
Triazolam/a-Hydroxytriazolam

Opioids

Buprenorphine/Norbuprenorphine
Codeine/Norcodeine
Fentanyl/Norfentanyl
Hydrocodone/Dihydrocodeine/Norhydrocodone
Hydromorphone
Meperidine/Normeperidine
Methadone/EDDP
Morphine/Normorphine
Naloxone
Naltrexone/6-b-Naltrexol
Oxycodone/Noroxycodone
Oxymorphone/Noroxymorphone
Propoxyphene/Norpropoxyphene
Tapentadol/N-Desmethyltapentadol
Tramadol/O-Desmethyltramadol

Illicits

6-Acetylmorphine (Heroin)
Mitragynine/7-Hydroxymitragynine (Kratom)
Benzoylcegonine (Cocaine)
Desomorphine (Krokodil)
Lysergic acid diethylamide (LSD)
MDMA/MDA (Ecstasy)
Phencyclidine (PCP)

Cannabinoids

THC-COOH (Marijuana)

Muscle Relaxants

Carisoprodol/Meprabomate
Cyclobenzaprine/N-Desmethylcyclobenzaprine

Sedatives

Ketamine/Norketamine
Zolpidem/Zolpidem-COOH

Stimulants

Methylphenidate/Ritalinic Acid
Phentermine

Z-drugs

Zaleplon
Zopiclone/N-Desmethylzopiclone

Nicotine Metabolites

Cotinine

OTC

Dextromethorphan