



107 22nd St. W  
 Williston, ND 58801  
 P: (701) 577-6578  
 F: (470) 297-5495  
 CLIA #: 35D0991209

Client Account

17011000

**1. Patient Demographics**  Patient Demographics is attached

Last: \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  Male  Female EMR ID: \_\_\_\_\_

**2. Billing Information**

- Insurance — Attach copy of active insurance
  - Commercial
  - Medicaid/Medicare
  - Workers' Comp (DOI) \_\_\_\_/\_\_\_\_/\_\_\_\_
- Patient Self-Pay
- Direct Bill

**3. Notice to Ordering Provider<sup>1</sup>**

Authorized Provider Signature: \_\_\_\_\_

Requesting Physicians: \_\_\_\_\_

**4. Mark Testing Panel & Prescriptions / Specimen Type:**  Urine  Oral

- Prescriptions Marked Below  Prescription List is Attached  No Prescriptions

**Select tests being ordered — Please Select One**

- Comprehensive Profile<sup>2</sup>  Run only the selected tests below

**Quant Method — Please Select One**

- Qualitative Screen / Confirm Positives & Prescriptions  Confirm All

Mark if Prescribed	Drug	Order	Mark if Prescribed	Drug	Order	Mark if Prescribed	Drug	Order	Mark if Prescribed	Drug	Order
<b>Opiates</b>			<b>Other Opioids</b>			<b>Amphetamines</b>			<b>Antidepressants</b>		
<input type="checkbox"/>	Codeine	<input type="checkbox"/>	<input type="checkbox"/>	Acetyl Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>	Amphetamine (Adderall)	<input type="checkbox"/>	<input type="checkbox"/>	Bupropion (Wellbutrin)	<input type="checkbox"/>
<input type="checkbox"/>	Hydrocodone (Norco)	<input type="checkbox"/>	<input type="checkbox"/>	Buprenorphine (Suboxone)	<input type="checkbox"/>	<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	Citalopram (Celexa)	<input type="checkbox"/>
<input type="checkbox"/>	Hydromorphone (Dilaudid)	<input type="checkbox"/>	<input type="checkbox"/>	Carisoprodol (Soma)	<input type="checkbox"/>	<input type="checkbox"/>	Methylphenidate (Ritalin)	<input type="checkbox"/>	<input type="checkbox"/>	<b>Muscle Relaxants</b>	<input type="checkbox"/>
<input type="checkbox"/>	Morphine (MS Contin)	<input type="checkbox"/>	<input type="checkbox"/>	Fentanyl (Duragesic)	<input type="checkbox"/>	<input type="checkbox"/>	MDA	<input type="checkbox"/>	<input type="checkbox"/>	Baclofen (Kemstro)	<input type="checkbox"/>
<input type="checkbox"/>	Oxycodone (Percoset)	<input type="checkbox"/>	<input type="checkbox"/>	Meperidine (Demerol)	<input type="checkbox"/>	<input type="checkbox"/>	MDEA	<input type="checkbox"/>	<input type="checkbox"/>	Cyclobenzaprine	<input type="checkbox"/>
<input type="checkbox"/>	Oxymorphone (Opana)	<input type="checkbox"/>	<input type="checkbox"/>	Methadone (Diskets)	<input type="checkbox"/>	<input type="checkbox"/>	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<b>Anticonvulsants</b>	<input type="checkbox"/>
<input type="checkbox"/>	6-MAM (Heroin)	<input type="checkbox"/>	<input type="checkbox"/>	Mitragynine	<input type="checkbox"/>	<input type="checkbox"/>	Phentermine (Fastin)	<input type="checkbox"/>	<input type="checkbox"/>	Gabapentin (Neurontin)	<input type="checkbox"/>
<b>Benzodiazepines</b>			<input type="checkbox"/>	Naloxone (Suboxone)	<input type="checkbox"/>	<b>TCAs</b>			<input type="checkbox"/>	Pregabalin (Lyrica)	<input type="checkbox"/>
<input type="checkbox"/>	Alprazolam (Xanax)	<input type="checkbox"/>	<input type="checkbox"/>	Naltrexone (Revia)	<input type="checkbox"/>	<input type="checkbox"/>	Amitriptyline	<input type="checkbox"/>	<input type="checkbox"/>	<b>Barbiturates</b>	<input type="checkbox"/>
<input type="checkbox"/>	Chlordiazepoxide	<input type="checkbox"/>	<input type="checkbox"/>	Sufentanil (Sufenta)	<input type="checkbox"/>	<input type="checkbox"/>	Desipramine (Norpamin)	<input type="checkbox"/>	<input type="checkbox"/>	Amo/Pentobarbital	<input type="checkbox"/>
<input type="checkbox"/>	Clonazepam (Klonopin)	<input type="checkbox"/>	<input type="checkbox"/>	Tapentadol (Nucynta)	<input type="checkbox"/>	<input type="checkbox"/>	Doxepin (Silenor)	<input type="checkbox"/>	<input type="checkbox"/>	Butabarbital	<input type="checkbox"/>
<input type="checkbox"/>	Diazepam (Valium)	<input type="checkbox"/>	<input type="checkbox"/>	Tramadol (Ultram)	<input type="checkbox"/>	<input type="checkbox"/>	Imipramine (Tofranil)	<input type="checkbox"/>	<input type="checkbox"/>	Butalbital	<input type="checkbox"/>
<input type="checkbox"/>	Flunitrazepam	<input type="checkbox"/>	<b>Illicit Drugs</b>			<input type="checkbox"/>	Nortriptyline (Pamelor)	<input type="checkbox"/>	<input type="checkbox"/>	Phenobarbital	<input type="checkbox"/>
<input type="checkbox"/>	Flurazepam	<input type="checkbox"/>	<input type="checkbox"/>	Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	Protriptyline (Vivactil)	<input type="checkbox"/>	<input type="checkbox"/>	Secobarbital	<input type="checkbox"/>
<input type="checkbox"/>	Lorazepam (Ativan)	<input type="checkbox"/>	<input type="checkbox"/>	Cotinine	<input type="checkbox"/>	<input type="checkbox"/>	Trimipramine (Surmontil)	<input type="checkbox"/>	<b>K2/Bath Salts</b>		
<input type="checkbox"/>	Midazolam	<input type="checkbox"/>	<input type="checkbox"/>	Dextromethorphan	<input type="checkbox"/>	<b>Antipsychotics</b>			<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Oxazepam	<input type="checkbox"/>	<input type="checkbox"/>	EtG/ETs (Alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	Risperidone	<input type="checkbox"/>			
<input type="checkbox"/>	Temazepam (Restoril)	<input type="checkbox"/>	<input type="checkbox"/>	Ketamine	<input type="checkbox"/>	<b>Sedative Hypnotics</b>					
<input type="checkbox"/>	Triazolam (Halcion)	<input type="checkbox"/>	<input type="checkbox"/>	PCP	<input type="checkbox"/>	<input type="checkbox"/>	Zaleplon (Sonata)	<input type="checkbox"/>			
			<input type="checkbox"/>	THC (Cannabis)	<input type="checkbox"/>	<input type="checkbox"/>	Zolpidem (Ambien)	<input type="checkbox"/>			

\* Metabolites will be automatically confirmed and validity testing will be performed on all samples. Other Prescriptions: \_\_\_\_\_

**5. ICD-10 Code(s)**

- Z79.891  F11.20  Z79.899  M54.5  F10.20  M54.2  F19.10  G89.4  F15.20  M51.36
- F41.9  F11.90  Z51.81  F12.20  F41.1  F32.9  F11.19  Other

**6. Collection Information**

I certify that the specimen given to me by the donor identified under PATIENT INFORMATION of this form was collected, labeled, and sealed by me.

Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_: \_\_\_\_ (AM/PM)

Temperature in Range:  Yes  No

Collector Signature: \_\_\_\_\_

<b>SPECIMEN ID NUMBER</b>	<b>SPECIMEN SEAL</b>	<u>      </u> / <u>      </u> / <u>      </u> DATE (MO/DAY/YR)
17011000		<u>      </u> DONOR INITIALS

INTEGRATED LABEL

**7. Patient Consent**

I, certify that, I have provided my own specimen and I have not adulterated or tampered with the specimen that could alter the test results. I, the patient, authorize Medscan Lab to release my test results to my authorized health care provider and the facility. I, hereby authorize my insurance benefits to be paid to Medscan Lab directly, and acknowledge that I may be responsible for deductibles and or co-pays for services that I have received, which have been requested by my healthcare provider.

Donor Signature: \_\_\_\_\_

1. *All Lab test ordered should be medically necessary and reasonable for the diagnosis or treatment for a Medicare or Medicaid Patient. The office of Inspector General takes the position that a person who orders or influences the ordering of medically necessary test which Medicare and Medicaid reimbursement is claimed may be subjected to civil penalties under the False Claims Act.*
2. *The Comprehensive Profile consists of the qualitative screening for all tests listed on the front page, unless otherwise specified.*