LABEL – LAB ONLY

LAB REQUEST FORM

BIO QUEST LABORATORIES
2020 Kingsley Avenue Suite 2B
Orange Park, FL 32073.
Phone: 904-647-8177
Fax: 904-683-5338
CLIA# 10D2331547

PRACTICE INFORMATION

Facility/Clinic Name:	**Ordering Physician:**		**NPI#**
Address:	**City:**	**State:**	**Zip Code:**

PATIENT INFORMATION: Please attached medication list & patient demographic sheet or complete the following section.

First Name:	**Last Name:**	**DOB:**(MM/DD/YYYY)	**Sex: __F __M**
Phone Number:	**DOI (If applicable)**	**Email:**	
Address	**City**	**State**	**Zip Code**

Race: __ American Indian/Alaska __ Black/African American __ Multi Race __ White __ Hawaiian __ Asian

BILLING INFORMATION: Please attached patient demographic sheet or complete the following section. __ Medicare __ Tricare __ Commercial

Insurance Company: **Member ID:** **Group Number:**

___ SELF-PAY **Method of Payment (check one):** ☐ **American Express** ☐ **MasterCard** ☐ **Visa** ☐ **Other**

TESTING INFORMATION

SPECIMEN COLLECTION:

Date Collected: _____

Time: _____ Collector Initials: _____

SEROLOGY/VIROLOGY

- ☐ RPR W/ REFELX
- ☐ HEPATITIS B SURFACE ab
- ☐ RUBELLA
- ☐ MUMPS
- ☐ VARICELLA ZOSTER
- ☐ MEASLES
- ☐ CHLAMYDIA/GONNORRHEA (URINE)

☐ IMMIGRATION PANEL (Includes all tests listed in in this form)

TOTAL NUMBER OF TUBES

HEPARIN TUBE _____ SST_____

URINE TUBE (NO ADDITIVES) _____

☐ QuantiFERON - TB Gold

SPECIMEN INCUBATED? ☐YES ☐NO

START TIME: _____ TEMP: _____ DATE: _____ BY: _____

END TIME: _____ TEMP: _____ DATE: _____ BY: _____

Optimal Collection Time / Storage / Transportation Receipt of Samples

All specimens that DO NOT MEET the collection/transport requirements will be REJECTED.

Blood Collection Tube: 6mL Lithium - heparin tube (green top/white label).

- Tubes should be at room temperature (17–25°C) at the time of blood filling.
- Only a Lithium - heparin anticoagulant is acceptable.

Blood collection:

Collect a minimum volume of 5 mL of blood into a single Lithium - heparin tube.

- Gently mix by inverting several times to dissolve the heparin.
- Blood must first be held at room temperature (17–25°C) for a minimum of 15 minutes and a maximum of 3 hours before being placed in the refrigerator (2–8°C).
- Specimen may be held in the refrigerator for 6-8 hours before shipping.

Shipping to Express Medical Experts:

- Ship on ice packs.
- Total time from collection to receipt EME laboratory cannot exceed 12 hours.

Specimen Shipping & Receipt / Handling at EME:

- Specimens should be shipped Monday to Friday and received at EME by 4pm.

_____ _____ _____

Ordering Physician (Print) **Signature** **Date**

The provider certifies that the requested tests are medically necessary, that the medical necessity of requested tests is documented in the patient's chart, and the need for the requested tests has been explained to the patient.

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First Name:	Last Name:	DOB:(MM/DD/YYYY)	Sex: __F __M
Phone Number:	DOI (If applicable)	Email:	
Address	City	State	Zip Code

Race: __ American Indian/Alaska __ Black/African American __ Multi Race __ White __ Hawaiian __ Asian

BILLING INFORMATION: Please attached patient demographic sheet or complete the following section. __ Medicare __ Tricare __ Commercial __Self-Pay

Insurance Company:	Member ID:	Group Number:

SPECIMEN INFORMATION	Date Collected:	Time:	Collector Initials:	Specimen Type: ☐ Urine

TESTING INFORMATION

☐ Urine Drug Screening
- Amphetamine
- Benzodiazepine
- Buprenorphine
- Cocaine
- Methamphetamine
- Opiates
- Oxycodone
- PCP
- THC

☐ Select this box to perform drug test and confirm all positives and prescribed medications.

☐ Validity Testing

☐ Toxicology Full Confirmation Panel

☐ BENZODIAZEPINES
- 7-aminoclonazepam
- Alpha-hydroxyalprazolam
- Alprazolam
- Diazepam
- Lorazepam
- Nordiazepam
- Oxazepam
- Temazepam

☐ ILLICITS
- MDA
- MDMA
- PCP
- Benzoylecgonine
- 6-MAM
- THC-COOH

☐ SUBOXONE/OPIOID ANTAGONIST
- Buprenorphine
- Norbuprenorphine
- Naloxone

☐ STIMULANTS/SYMPATHOMIMETIC
- Amphetamine
- Methamphetamine
- Methyphenidate

☐ MUSCLE RELAXANTS/GABAPENTINOIDS
- Carisoprodol
- Cyclobenzaprine
- Gabapentin
- Pregabalin

☐ OPIATES/OPIOIDS
- Codeine
- Morphine
- EDDP
- Methadone
- Fentanyl
- Norfentanyl
- Hydrocodone
- Hydromorphone
- Morphine
- O-Desmethyl-Cis-tramadol
- Tramadol
- Oxycodone
- Oxymorphone
- Tapentadol

☐ NICOTINE
- Cotinine

☐ ANTI-DEPRESSANTS
- Amitriptyline
- Desipramine
- Doxepin
- Fluoxetine
- Imipramine
- Nortriptyline

ICD-10 Treatment Codes

☐ Z79.899: Long term use of medication

☐ Z79. 891: Long term (current) use of opiate analgesic.

☐ F11.20: Opioid dependence, uncomplicated

☐ Z91.14: History of noncompliance medical treatment

☐ F14.13: Cocaine abuse

☐ G89. 4: Chronic pain syndrome

☐ Other:

_____

_____

_____

Requesting Provider Authorization:

Provider Name _____ Provider Signature _____ Date: _____

The provider certifies that the requested tests are medically necessary, that the medical necessity of requested tests is documented in the patient's chart, and the need for the requested tests has been explained to the patient. The provider also agrees to provide chart notes or other documentation within 72 hours when requested by patients and/or insurers. The provider recognizes that the Centers for Medicare and Medicaid Services (CMS) and, increasingly, commercial insurers hold that toxicology confirmation testing is indicated when a toxicology screen is not consistent with the patient's medical history, prescribed medications, clinical presentation or the patient's own statements. Toxicology confirmation testing may also be medically necessary when the provider determines toxicology screening will not provide the necessary breadth or quantification of results to meet the patient's medical needs.