

Toll Free Ph: (800) 327-2764  
Toll Free Fax: (855) 3494-PCL

## Pain Management Services Request Form

ACCESSION # \_\_\_\_\_

SEX: <input type="checkbox"/> M <input type="checkbox"/> F	SPECIMEN TYPE: <input type="checkbox"/> URINE <input type="checkbox"/> ORAL	
PATIENT NAME: LAST FIRST M		
DATE OF BIRTH:	PATIENT S.S. #:	COLLECTION DATE: <input type="checkbox"/> AM <input type="checkbox"/> PM
PATIENT PHONE #:	CURRENT PRESCRIBED MEDICATION:	
PATIENT ADDRESS (STREET ADDRESS, APT):	1 _____ 4 _____	
	2 _____ 5 _____	
	3 _____ 6 _____	
CITY, STATE, ZIP:		

Provider Signature \_\_\_\_\_

Additional Tests

BILL TO:

\*MAGELLAN  \*COMMERCIAL INS  CLIENT  
 \*MEDICARE  \*WORKER'S COMPENSATION  PATIENT  
 \*MEDICAID  \*AUTO INSURANCE  OTHER \_\_\_\_\_

\*PLEASE ATTACH COPY OF INSURANCE CARD/INFORMATION

INSURANCE NAME AND/OR ID: \_\_\_\_\_

DIAGNOSIS CODES (ICD-10): \_\_\_\_\_

WOULD LIKE REPORT BY:

FAX #: \_\_\_\_\_  ONLINE ACCESS TO WEB RESULT PORTAL  
 EMAIL: \_\_\_\_\_ (PLEASE PROVIDE EMAIL ADDRESS)  
 MAIL: \_\_\_\_\_  EMR INTERFACE

CMS requires that physicians/healthcare providers shall only order tests that are medically necessary for the diagnosis and treatment of this patient

### LC/MS/MS PANELS

### PRESCRIPTION MEDICATION CONFIRMATIONS

**1001** AMPHETAMINES PANEL BY LC/MS/MS  
Amphetamine  
Methamphetamine  
MDMA  
MDA  
MDEA

**1007** METHADONE PANEL BY LC/MS/MS  
EDDP  
Methadone

**1003** BARBITURATES PANEL BY LC/MS/MS  
Butalbital  
Pentobarbital  
Phenobarbital  
Secobarbital

**1008** OPIATES PANEL BY LC/MS/MS  
6-Acetyl Morphine (Heroin Metabolite) Norhydrocodone  
Codeine Noroxycodone  
Hydrocodone Noroxymorphone  
Hydromorphone Oxycodone  
Morphine Oxymorphone

**1004** BENZODIAZEPINES PANEL BY LC/MS/MS  
2-Hydroxyethylflurazepam Midazolam  
7-Aminoclonazepam Nordiazepam  
Alprazolam OH-Alprazolam  
Chlordiazepoxide OH-Midazolam  
Clonazepam (Klonopin) OH-Triazolam  
Desalkylflurazepam Oxazepam  
Diazepam Prazepam  
Lorazepam Temazepam  
Zolpidem

**1009** PROPOXYPHENE PANEL BY LC/MS/MS  
Norpropoxyphene  
Propoxyphene

**1002** ANTIDEPRESSANTS PANEL BY LC/MS/MS  
Amitriptyline Norclomipramine  
Clomipramine Nordoxepin  
Desipramine Nortriptyline  
Doxepin Sertraline  
Fluoxetine Trimipramine  
Imipramine

**1005** BUPRENORPHINE PANEL BY LC/MS/MS  
Buprenorphine  
Naloxone  
Norbuprenorphine

**ADDITIONAL TESTS BY LC/MS/MS**

**1010** Bath Salts Panel  
 **0152** Dextromethorphan  
 **0138** Diphenhydramine  
 **1011** K-2 Spice Panel  
 **0050** Phencyclidine (PCP)  
 **0051** THC Delta 9

**1006** COCAINE PANEL BY LC/MS/MS  
Benzoylcegonine  
Cocaine

**ADDITIONAL TESTS BY EIA**

**229** Cotinine  **231** Ethyl Glucuronide  
 **2011** Drug Screen 12 Panel  **2001** Specimen Validity

- 0113** Alprazolam (Xanax)
- 0042** Amitriptyline (Elavil)
- 0035** Amobarbital
- 0004** Amphetamine (Adderall)
- 0017** Buprenorphine (Suboxone, Subutex)
- 0008** Butalbital (Esgic, Fioricet)
- 0018** Carisoprodol (Soma)
- 0055** Chlordiazepoxide (Librium)
- 0058** Clonazepam (Klonopin)
- 0019** Codeine (Tylenol III, Tylenol IV)
- 0060** Cyclobenzaprine (Flexeril, Amrix)
- 0011** Diazepam (Valium)
- 0046** Desipramine (Norpramine, Pertofrane)
- 0129** Doxepin (Deptran, Sinequan)
- 0023** Fentanyl (Actiq, Duragesic, Fentora)
- 0136** Fluoxetine (Prozac)
- 0059** Gabapentin (Neurontin)
- 0024** Hydrocodone (Lorcet, Lortab, Norco, Vicodin)
- 0025** Hydromorphone (Dilaudid, Exalgo)
- 0044** Imipramine (Tofranil)
- 0013** Lorazepam (Ativan)
- 0026** Meperidine (Demerol)
- 0027** Meprobamate
- 0028** Methadone (Dolophine)
- 0096** Methylphenidate (Ritalin)
- 0029** Morphine (Avinza, Kadian, Ms Contin)
- 0122** Naltrexone (Vivitrol)
- 0043** Nortriptyline (Aventyl)
- 0015** Oxazepam (Serax)
- 0036** Oxycodone (Oxycontin, Percocet, Roxicodone)
- 0037** Oxymorphone (Opana)
- 0086** Pentobarbital (Nembutal)
- 0009** Phenobarbital (Luminal, Solfoton)
- 0038** Pregabalin (Lyrica)
- 0137** Quetiapine (Seroquel)
- 0048** Sertraline (Zoloft)
- 0040** Tapentadol (Nucynta)
- 0016** Temazepam (Restoril)
- 0041** Tramadol (Ultram, Ryzolt, Synapryn)
- 0062** Zaleplon (Sonata)
- 0063** Zolpidem (Ambien)
- 0061** Zopiclone (Zimovane, Imovane)
- Other \_\_\_\_\_

CONFIRM ALL PRESCRIBED MEDICATION

I authorize the release of any medical information necessary to process this claim and request payment of benefits to the laboratory. I permit a copy of this authorization to be used in place of the original  
 PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_