



Results you can trust
241 Molnar Drive Suite A1
Elmwood Park NJ 07407
Tel: 201.791.7293 Fax: 866.425.4630

PRACTICE INFORMATION

Patient Name _____
Date of Collection _____
Patient Initials _____
Collector s Name _____

1

PATIENT INFORMATION
(Required)

LAST NAME

FIRST NAME

M.I.

HOME ADDRESS

CITY

ST

ZIP

PHONE

DATE OF BIRTH

O

M

O

F

HEIGHT (in)

WEIGHT (lbs)

2

BILLING INFO
(Required)

Medicare

Medicaid

Workers' Compensation/ PIP (complete below)

Commercial

Client Billing

Self Pay

INSURANCE INFO _____

ADDITIONAL INFO (Required for all workers Compensation or if no Insurance card is attached)

CASE # _____ DATE OF INJURY/ACCIDENT _____ EMPLOYER/ATTORNEY/ADJUSTER NAME _____ PH. # _____

3

DIAGNOSIS CODES
(ICD required to highest level of specificity)

TDM (additional primary diagnosis required for Worker's Compensation)
w= Z79.899 Long-term (current) use of other medications

1 _____ 2 _____ 3 _____

4

POINT OF CARE DRUG TEST

Time Collected: _____ AM/PM

Date Collected: _____

Collected by: _____

Temp chk within 4 min of col and its between 90 - 100°F or 32 - 38°C

Yes No

POCT SCREENING PANEL

Pos.

Neg.

AMP

Pos.

Neg.

COC

Pos.

Neg.

MTD

Pos.

Neg.

PCP

BAR

MDMA

OPI

TCA

BZO

MET

OXY

THC

PPX

BUP

NO POCT Performed.

5

TESTS TO BE ORDERED & PRESCRIBED MEDICATIONS (Presumptive screening and validity is performed on all URINE samples, if no POCT performed)

MEDICATION LIST ATTACHED

MEDICATIONS: _____

CHECK BOX TO OPT OUT OF CONFIRMATION TESTING ON POSITIVE SCREEN RESULTS

U001 URINE PRESUMPTIVE (SCREENING) TESTING ONLY.

U010 URINE ALL DRUGS - Definitive (Confirmation) Drug test on ALL DRUGS from the table below, except as marked with *

U011 URINE POSITIVE ONLY - Definitive (Confirmation) Drug Test on POSITIVE Presumptive (screening) results and prescribed medication

U012 URINE PAIN MANAGEMENT PANEL - Definitive Drug Testing (AMPs, BARBS, BENZOS, ILLICITS, OPIOIDS) and prescribed medication

U013 URINE SUBSTANCE ABUSE PANEL - Definitive Drug Testing (OPIOIDS, ILLICIT, BENZOS, AMPs/STIMULANTS, RELAXANTS) and prescribed medication

N050 ORAL FLUID PANEL - Definitive Drug testing (AS MARKED IN YELLOW IN THE TABLE BELOW), except as marked with *

SELECT DRUGS/PROFILES FROM THE LIST BELOW TO BE CONFIRMED BY LC/MS.

ORDERED	PRESCRIBED	Drug or Profile	ORDERED	PRESCRIBED	Drug or Profile	ORDERED	PRESCRIBED	Drug or Profile	ORDERED	PRESCRIBED	Drug or Profile
		OPIOIDS			Sufentanil (Sufenta)			TRICYCLIC ANTIDEPRESANTS			ALCOHOL (ETG/ETS)*
		Codeine (Tylenol III)			Pentazocine (Talwin)			Desipramine (Norpramin)			
		Morphine (MS Contin)			BENZODIAZEPINES			Doxepin (Sinequan)			SSRI'S*
		Hydrocodone (Vicodin)			Alprazolam (Xanax) +			Imipramine (Tofranil)			Citalopram (Celexa) +
		Hydromorphone (Dilaudid)			Alpha-Oh-Alprazolam (metabolite)			Nortriptyline (Pamelor)			N-Desmethylcitalopram (metabolite)
		Oxycodone (Percocet)			Clonazepam (Klonopin) +			Trimipramine (Surmontil)			Duloxetine (Cymbalta)
		Oxymorphone (Opana)			7-Aminoclonazepam (metabolite)			Amitriptyline (Elavil)			Paroxetine (Paxil)
		SEMI-SYNTHETIC OPIOIDS			Diazepam (Valium) +			ILLICITS			Venlafaxine (Effexor) +
		Nalaxone (Narcan)			Nordiazepam (metabolite)			6-Mam (Heroin)			O-Desmethylvenlafaxine (metabolite)
		Buprenorphine + Norbuprenorphine (Butrans)			Oxazepam (Serax)			Benzoylcegonine (Cocaine)			ANTITUSSIVES*
		Buprenorphine + Norbuprenorphine + Naloxone (Suboxone)			Temazepam (Restoril)			Methamphetamine			Dextromethorphan
		Propoxyphene + Norpropoxyphene			Lorazepam (Ativan)			MDA (Adam)			ANESTHETICS*
		Naltrexone (Revia)			Flunitrazepam (Rohypnol)*			MDEA (Eve)			Ketamine (Special K) +
		Tapentadol (Nucynta)*			Chlordiazepoxide (Librium)			MDMA (Ecstasy)			Norketamine (metabolite)
					Midazolam*			MDPV (Bath Salts)			HALLUCINOGENS (ILLICIT)*
		SYNTHETIC OPIOIDS			RELAXANT / SLEEP			Phencyclidine (Angel Dust)			LSD
		Methadone (Dolophine) + EDDP (metabolite)			Carisoprodol (Soma)			Δ 9 THC			SYNTHETIC CANNABINOIDS*
		Meperidine (Demerol)* + Normeperidine (metabolite)			Cyclobenzaprine (Flexeril)			THC-COOH*			UR-144 +
		Fentanyl (Actiq, Duragesic) + Norfentanyl (metabolite)			Meprobamate (Equaril)			AMPHETAMINES			UR-144 5-OH-Pentyl (metabolite)
		Tramadol (Ultram)* + O-Desmethyltramadol (metabolite)			Zaleplon (Sonata)			Amphetamine (Adderall)			XLR-11
					Zolpidem (Ambien)			Methylphenidate (Ritalin)* + Ritalinic Acid (metabolite)*			PSYCHOACTIVES*
					BARBITURATES*			ANTICONSULSANT			Kratom (Mitragynine) +
					Butalbital (Fioricet)			Gabapentin (Neurontin)			7-mitragynine (metabolite)
					Phenobarbital (Luminal)			Pregabalin (Lyrica)			

6

PATIENT AUTHORIZATION (Required)

Amitriptyline (Elavil)

I certify that I have voluntarily provided a fresh and unadulterated urine specimen for analytical testing. The information provided on this form and on the label affixed to the specimen cup is accurate. I authorize Suretox to release the results of this testing to the treating authorized healthcare provider or facility. I hereby authorize my insurance benefits to be paid directly to Suretox for services I received. I understand that Suretox may be an out-of-network provider with my insurer. I also understand that in sometimes my insurance will send the payment directly to me. I agree to endorse the insurance check and submit it to Suretox immediately. Failure to send payment within 30 days of receipt could result in my account being turned over to collections and reported to the Credit Bureau.

Patient Signature: _____

Date: _____

7

PHYSICIAN SIGNATURE (Required)

I authorize the above ordered test(s)

Authorized Healthcare Provider Signature: _____ Date: _____

SURETOX COPY