



ChemTox  
2012-01-23  
310183

Prescription Drug Urinalysis

Please Include with Patient Demographics & PR2

Prescribed Medications (Last Dose in Hours)		Donor Information (Please Print Clearly)	
<input type="checkbox"/> Adiq (____ Hours)	<input type="checkbox"/> Oxycodone/OxyIR (____ Hours)	Collection Date: 9-20-13	Time:
<input type="checkbox"/> Alprazolam (____ Hours)	<input type="checkbox"/> Omeprazole (____ Hours)	Specimen ID: SMH110NR137667	
<input type="checkbox"/> Amitriptyline (____ Hours)	<input type="checkbox"/> Percocet/Percodan (____ Hours)	Name (Last, First MI): SAMMILAN ROSARIO	
<input type="checkbox"/> Aliven (____ Hours)	<input type="checkbox"/> Phenobarbital (____ Hours)	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth: 3-26-67
<input type="checkbox"/> Butalbital (____ Hours)	<input type="checkbox"/> PriLOSEC (____ Hours)	<input checked="" type="checkbox"/> Workers Comp	<input type="checkbox"/> Other
<input type="checkbox"/> Carisoprodol (____ Hours)	<input type="checkbox"/> Restoril (____ Hours)	DOI:	ICD-9:
<input type="checkbox"/> Citalopram (____ Hours)	<input type="checkbox"/> Soma (____ Hours)	<b>Physician Information</b>	
<input type="checkbox"/> Clonazepam (____ Hours)	<input type="checkbox"/> Suboxone/Subutex (____ Hours)	Physician: V. Lopez	
<input type="checkbox"/> Codeine (____ Hours)	<input type="checkbox"/> Temazepam (____ Hours)	Location: CHLINO	Collector: JCDmg
<input type="checkbox"/> Cymbalta (____ Hours)	<input type="checkbox"/> Tizanidine (____ Hours)	<b>Analyte Request and Rapid-Exam Results</b>	
<input type="checkbox"/> Diazepam (____ Hours)	<input type="checkbox"/> Tramadol (____ Hours)	<input checked="" type="checkbox"/> 5 Panel Rapid-Exam with P42	
<input type="checkbox"/> Diclofenac (____ Hours)	<input type="checkbox"/> Tylenol w/Codeine (____ Hours)	<input type="checkbox"/> 5 Panel Rapid-Exam with P43 (Includes Alcohol)	
<input type="checkbox"/> Fentanyl (____ Hours)	<input type="checkbox"/> Ultracet/Ultram (____ Hours)	<input type="checkbox"/> P42 with NO Rapid Exam	
<input type="checkbox"/> Fioricet/Fiorinal (____ Hours)	<input type="checkbox"/> Valtrex (____ Hours)	<b>All results will be considered INVALID unless marked</b>	
<input type="checkbox"/> Flexeril (____ Hours)	<input type="checkbox"/> Vicodin/Vicoprofen (____ Hours)		
<input type="checkbox"/> Gabapentin (____ Hours)	<input type="checkbox"/> Xanax (____ Hours)		
<input type="checkbox"/> Hydrocodone (____ Hours)	<input type="checkbox"/> Zolpidem (____ Hours)		
<input type="checkbox"/> Hydromorphone (____ Hours)	Other (please list)		
<input type="checkbox"/> Kadian (____ Hours)			
<input type="checkbox"/> Lorazepam (____ Hours)			
<input type="checkbox"/> Lorcel/Lortab (____ Hours)			
<input type="checkbox"/> Lyrica (____ Hours)			
<input type="checkbox"/> Methadone (____ Hours)			
<input type="checkbox"/> Morphine (____ Hours)			
<input type="checkbox"/> Naproxen (____ Hours)			
<input type="checkbox"/> Norco (____ Hours)			
<input type="checkbox"/> Neurontin (____ Hours)			
	<input checked="" type="checkbox"/> Initial Screen		

	Negative	Positive	Invalid
Opiates (OPI300)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates (BAR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (BZO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (MTD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone (OXY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9/28/13

RECEIVED  
NOV 12 2013 H  
OSC West

Physician or Agent Signature [Signature]  
By signing, I am requesting a comprehensive urine drug screen for the above patient, which will also include the specific gravity, PH, and creatinine levels of the patient's urine. This testing is requested for the management of prescription drug therapy.

Donor Signature [Signature]  
I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites, well as identify specific gravity, PH, and creatinine levels.

76951