

# Toxicology Requisition



Qitek Labs, LLC  
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## 1. Account Information

Clinic Name: \_\_\_\_\_ Requesting Physician: \_\_\_\_\_  
Address: \_\_\_\_\_ NPI #: \_\_\_\_\_  
Clinic Phone: \_\_\_\_\_

## 2. Patient Information

**REQUIRED: ENCLOSE A COPY OF THE FRONT AND BACK OF PATIENT'S INSURANCE CARD**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_  
Gender:  M  F Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Insurance Type:  Commercial  Medicare  Medicaid  Self Pay

I understand that I am responsible for all deductibles and co-pays for amounts not covered by insurance. By signing below, I acknowledge, authorize, and assign to Qitek Labs, LLC, any payment(s) made on my behalf for services provided to me by Qitek Labs, LLC. I also allow the release of any medical information necessary to process this claim.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 3. ICD-10 Diagnosis Code(s)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> F10.11 Alc abuse, in remission    | <input type="checkbox"/> F11.20 Opioid dependence, uncom       | <input type="checkbox"/> Z79.899 Other long term drug therapy                                   | <input type="checkbox"/> Z79.891 Use of opiate analgesic |
| <input type="checkbox"/> F10.20 Alc dependence, uncom      | <input type="checkbox"/> F15.11 Other stim abuse, in remission | <input type="checkbox"/> Z91.19 Patient noncompliance w/<br>other medical treatment and regimen | <input type="checkbox"/> _____                           |
| <input type="checkbox"/> F11.11 Opioid abuse, in remission | <input type="checkbox"/> Z51.81 Therapeutic drug monitoring    |   | <input type="checkbox"/> _____                           |

## 4. Test(s) Requested

- Presumptive/Screen  
 Presumptive/Screen and Comprehensive Confirmation\*  
 Comprehensive Confirmation\*

## 5. Collection Information

Sample Type:  Urine  
Time Collected: \_\_\_\_\_ AM / PM  
Date Collected: \_\_\_\_\_ Collected by: \_\_\_\_\_

## 6. Current Medications

- |   |   |                                       |  |  |                                       |  |                                       |
|---|---|---------------------------------------|--|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> 5-fluorouracil | <input type="checkbox"/> Celexa             | <input type="checkbox"/> Donepezil    | <input type="checkbox"/> Haldol            | <input type="checkbox"/> Mexitol       | <input type="checkbox"/> Phenytoin    | <input type="checkbox"/> Serax         | <input type="checkbox"/> Trilafon     |
| <input type="checkbox"/> Abilify        | <input type="checkbox"/> Citalopram         | <input type="checkbox"/> Doxepin      | <input type="checkbox"/> Haloperidol       | <input type="checkbox"/> Micronase     | <input type="checkbox"/> Pimozide     | <input type="checkbox"/> Sertraline    | <input type="checkbox"/> Trimipramine |
| <input type="checkbox"/> Aciphex        | <input type="checkbox"/> Clonazepam         | <input type="checkbox"/> Duloxetine   | <input type="checkbox"/> Hydrocodone       | <input type="checkbox"/> Mirtazapine   | <input type="checkbox"/> Piroxicam    | <input type="checkbox"/> Silenor       | <input type="checkbox"/> Uftoral      |
| <input type="checkbox"/> Actiq          | <input type="checkbox"/> Clomipramine       | <input type="checkbox"/> Effexor      | <input type="checkbox"/> Iloperidone       | <input type="checkbox"/> Morphine      | <input type="checkbox"/> Pitavastatin | <input type="checkbox"/> Simvastatin   | <input type="checkbox"/> Ultram       |
| <input type="checkbox"/> Adderall       | <input type="checkbox"/> Clopidogrel        | <input type="checkbox"/> Effient      | <input type="checkbox"/> Imipramine        | <input type="checkbox"/> MS Contin     | <input type="checkbox"/> Plavix       | <input type="checkbox"/> Soma          | <input type="checkbox"/> Valium       |
| <input type="checkbox"/> Amaryl         | <input type="checkbox"/> Clozapine          | <input type="checkbox"/> Efudex       | <input type="checkbox"/> Imuran            | <input type="checkbox"/> Naltrexone    | <input type="checkbox"/> Prasugrel    | <input type="checkbox"/> Strattera     | <input type="checkbox"/> Venlafaxine  |
| <input type="checkbox"/> Amitriptyline  | <input type="checkbox"/> Clozaril           | <input type="checkbox"/> Elavil       | <input type="checkbox"/> Inderal           | <input type="checkbox"/> Nebivolol     | <input type="checkbox"/> Pravachol    | <input type="checkbox"/> Surmontil     | <input type="checkbox"/> Vfend        |
| <input type="checkbox"/> Amphetamine    | <input type="checkbox"/> Codeine            | <input type="checkbox"/> Enblex       | <input type="checkbox"/> Invega            | <input type="checkbox"/> Nexium        | <input type="checkbox"/> Pravastatin  | <input type="checkbox"/> Tabloid       | <input type="checkbox"/> Vicodin      |
| <input type="checkbox"/> Anafranil      | <input type="checkbox"/> Coreg              | <input type="checkbox"/> Escitalopram | <input type="checkbox"/> Irbesartan        | <input type="checkbox"/> Norpramin     | <input type="checkbox"/> Prevacid     | <input type="checkbox"/> Tacrolimus    | <input type="checkbox"/> Vivitrol     |
| <input type="checkbox"/> Ansaid         | <input type="checkbox"/> Coumadin           | <input type="checkbox"/> Esomeprazole | <input type="checkbox"/> Lansoprazole      | <input type="checkbox"/> Nortriptyline | <input type="checkbox"/> Prilosec     | <input type="checkbox"/> Tambacor      | <input type="checkbox"/> Voriconazole |
| <input type="checkbox"/> Aricept        | <input type="checkbox"/> Crestor            | <input type="checkbox"/> Fanapt       | <input type="checkbox"/> Lescol            | <input type="checkbox"/> Olanzapine    | <input type="checkbox"/> Pristiq      | <input type="checkbox"/> Tamsulosin    | <input type="checkbox"/> Vyvanse      |
| <input type="checkbox"/> Aripiprazole   | <input type="checkbox"/> Cymbalta           | <input type="checkbox"/> Feldene      | <input type="checkbox"/> Lexapro           | <input type="checkbox"/> Omeprazole    | <input type="checkbox"/> Prograf      | <input type="checkbox"/> Tegafar       | <input type="checkbox"/> Warfarin     |
| <input type="checkbox"/> Atomoxetine    | <input type="checkbox"/> Darifenacin        | <input type="checkbox"/> Fentanyl     | <input type="checkbox"/> Lipitor           | <input type="checkbox"/> Ondansetron   | <input type="checkbox"/> Propafenone  | <input type="checkbox"/> Tetrabenazine | <input type="checkbox"/> Wellbutrin   |
| <input type="checkbox"/> Atorvastatin   | <input type="checkbox"/> Desipramine        | <input type="checkbox"/> Fesoterodine | <input type="checkbox"/> Lisdexamphetamine | <input type="checkbox"/> Onfi          | <input type="checkbox"/> Propranolol  | <input type="checkbox"/> Thioguanine   | <input type="checkbox"/> Xeloda       |
| <input type="checkbox"/> Avapro         | <input type="checkbox"/> Desvenlafaxine     | <input type="checkbox"/> Flecainide   | <input type="checkbox"/> Livalo            | <input type="checkbox"/> Orap          | <input type="checkbox"/> Protonix     | <input type="checkbox"/> Thioridazine  | <input type="checkbox"/> Xenazine     |
| <input type="checkbox"/> Azathioprine   | <input type="checkbox"/> Detrol             | <input type="checkbox"/> Flomax       | <input type="checkbox"/> Lopressor         | <input type="checkbox"/> Orinase       | <input type="checkbox"/> Purinethol   | <input type="checkbox"/> Ticagrelor    | <input type="checkbox"/> Zanaflex     |
| <input type="checkbox"/> Brilinta       | <input type="checkbox"/> Dexedrine          | <input type="checkbox"/> Flurbiprofen | <input type="checkbox"/> Lovastatin        | <input type="checkbox"/> Oxycodone     | <input type="checkbox"/> Rabeprazole  | <input type="checkbox"/> Timolol       | <input type="checkbox"/> Zocor        |
| <input type="checkbox"/> Bupropion      | <input type="checkbox"/> Dexilant           | <input type="checkbox"/> Fluvastatin  | <input type="checkbox"/> Mellaril          | <input type="checkbox"/> Paliperidone  | <input type="checkbox"/> Razadyne     | <input type="checkbox"/> Timoptic      | <input type="checkbox"/> Zofran       |
| <input type="checkbox"/> Bystolic       | <input type="checkbox"/> Dextlansoprazole   | <input type="checkbox"/> Focalin      | <input type="checkbox"/> Mercaptopurine    | <input type="checkbox"/> Pamelor       | <input type="checkbox"/> Remeron      | <input type="checkbox"/> Tizanidine    | <input type="checkbox"/> Zoloft       |
| <input type="checkbox"/> Capecitabine   | <input type="checkbox"/> Dexmethylphenidate | <input type="checkbox"/> Galantamine  | <input type="checkbox"/> Methadone         | <input type="checkbox"/> Pantoprazole  | <input type="checkbox"/> Risperdal    | <input type="checkbox"/> Tofranil      | <input type="checkbox"/> Zyprexa      |
| <input type="checkbox"/> Carisoprodol   | <input type="checkbox"/> Dextroamphetamine  | <input type="checkbox"/> Gilmeperide  | <input type="checkbox"/> Methylphenidate   | <input type="checkbox"/> Paroxetine    | <input type="checkbox"/> Risperidone  | <input type="checkbox"/> Tolbutamide   | <input type="checkbox"/> _____        |
| <input type="checkbox"/> Carvedilol     | <input type="checkbox"/> Diazepam           | <input type="checkbox"/> Glipizide    | <input type="checkbox"/> Metoprolol        | <input type="checkbox"/> Paxil         | <input type="checkbox"/> Ritalin      | <input type="checkbox"/> Tolterodine   | <input type="checkbox"/> _____        |
| <input type="checkbox"/> Celebrex       | <input type="checkbox"/> Dilantin           | <input type="checkbox"/> Glucotrol    | <input type="checkbox"/> Mevacor           | <input type="checkbox"/> Percocet      | <input type="checkbox"/> Rosuvastatin | <input type="checkbox"/> Toviaz        | <input type="checkbox"/> _____        |
| <input type="checkbox"/> Celecoxib      | <input type="checkbox"/> Dolophine          | <input type="checkbox"/> Glyburide    | <input type="checkbox"/> Mexiletine        | <input type="checkbox"/> Perphenazine  | <input type="checkbox"/> Rythmol      | <input type="checkbox"/> Tramadol      | <input type="checkbox"/> _____        |

## 7. Physician Signature

If presumptive test(s) are performed, any request for definitive testing for drugs by LC/MS/MS is medically necessary for my patient and I can furnish sufficient documentation in the patient's records showing medical necessity. I affirm that all classes in the definitive drug testing panel are required for treatment planning. I affirm that the results will inform a decision with major clinic or non-clinical implications for the patient. \*I affirm that Qitek can run a comprehensive test to the fullest extent as allowed by the patient's specific insurance plan, according to the insurance plan's restrictions and limitations on definitive toxicology testing.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_