

Immunoassay Screen

- Barbiturate
- Cotinine
- Ethanol
- Ethyl Glucuronide
- K2/Synthetic Cannabinoids
- Urinalysis(blood, nitrates, protein, etc.)

LC/MS Confirmation

Opiates & Synthetic Opioids

- Buprenorphine
- Codeine
- Fentanyl
- Hydrocodone
- Hydromorphone
- Meperidine
- Methadone
- Morphine
- Naloxone
- Naltrexone
- Oxycodone
- Oxymorphone
- Pentazocine
- Propoxyphene
- Tapentadol
- Tramadol

LC/MS Confirmation

Stimulants

- Amphetamine
- Methamphetamine
- Methylphenidate
- Phentermine

Benzodiazepines

- Alprazolam
- Clonazepam
- Diazepam/Nordiazepam
- Estazolam
- Flunitrazepam
- Flurazepam
- Lorazepam
- Midazolam
- Oxazepam
- Temazepam
- Triazolam
- Clobazam

Muscle Relaxants

- Carisoprodol/Meprobamate
- Cyclobenzaprine

Nonbenzodiazepine Hypnotics

- Zaleplon
- Zolpidem
- Zopiclone

LC/MS Confirmation

Behavioral

- Amitriptyline/Nortriptyline
- Doxepin
- Imipramine/Desipramine
- Protriptyline
- Quetiapine
- Trazodone
- Clomipramine

Illicit

- Bath Salts
- Cocaine
- Heroin (6-MAM)
- PCP
- Marijuana
- Ecstasy

Other

- Gabapentin
- Ketamine
- Pregabalin
- Primidone
- Mitragynine
- Phenazepam
- Marinol (THC)

Please select tests to be included in your custom profile. -Immunoassay Screens are qualitative, LC/MS Confirmations are fully quantitative.

Initial _____ I request the above predefined custom profile to be performed on my patients as indicated. I understand that I will have the ability to individually redefine this test profile on patient requisition forms.

Initial _____ I wish to order solely from the individual patient requisition forms.

Initial _____ In addition to the selection above, please confirm all prescribed medications.

Provider Printed

Provider Signature

Date

PROVIDER AUTHORIZATION: I hereby authorize that the tests and classes selected on this laboratory custom profile, are to be performed on all my patients, unless otherwise selected on the requisition form. I only order laboratory tests that are reasonable and medically necessary for my patient. I understand that this custom profile will remain in effect until changed by me and that I may change this order, submitted in writing, on a case-by-case basis, by making my testing preferences clear in any laboratory services requisition form. I agree to provide diagnosis codes for each test that I order in order to confirm medical necessity and enable Quality Forensic Toxicology to bill effectively on my patient's behalf. This document is valid up to 1 year from dated signature.