

SDI

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AFFIXED LABEL - PT.1 ONLY

Toxicology Requisition Form

PATIENT'S LAST NAME, FIRST NAME, MIDDLE INITIAL, DATE OF BIRTH, STREET ADDRESS, CITY, STATE, ZIP CODE, PATIENT'S PHONE NO., GENDER, PLEASE SELECT A BILLING OPTION, PRIMARY INSURANCE CARRIER, PATIENT RELATIONSHIP TO INSURED

Table with columns: DRUG NAME, NEG, PRESUMPTIVE POSITIVE, DRUG NAME, NEG, PRESUMPTIVE POSITIVE, DRUG NAME, NEG, PRESUMPTIVE POSITIVE. Lists various substances like Amphetamine, Barbiturates, Benzodiazepines, etc.

New Practitioner Acknowledgement and Consent for Standard Testing Protocol

Common Panel Options to Choose From: Comprehensive Confirmation Panel (With Drug Screening), Comprehensive Confirmation Panel (No Drug Screening), Extended Confirmation Panel

Individual Tests: Prescription checkboxes for Opiates/Semi-Synthetic Opiates, Barbiturates, Antidepressants/Tricyclics/Muscle Relaxants, Illicit Drugs, Alcohol, Specimen Validity Tests, and Extended Confirmation Panel.

ICD-10 Codes Diagnosis SPECIMEN INTAKE DETAILS

Collector Name, Collector Initial, Date, Time, F° 90.5 - 100

Patient consent: I certify that I have voluntarily provided a fresh, unadulterated urine specimen for analytical testing. The information provided on the label affixed to the specimen bottle is accurate.

Patient Signature Date
As part of my medical practice's prescription medication management and compliance protocols, I hereby request and authorize SDI Labs and/or its affiliates to establish for me a customized toxicology testing panel analysis to test patient specimens from my practice for therapeutic drug monitoring (TDM) via quantitative confirmatory testing by LC/MS/MS for each of the analytes/metabolites selected by me indicated by either filling in the boxes or crossing out any that are not desired.

Practitioner Signature Date