### Custom Toxicology Profile Request Form

<table>
<thead>
<tr>
<th>Physician Name</th>
<th>NPI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account ID</td>
<td>Profile:</td>
</tr>
<tr>
<td>Account Name</td>
<td>Account ID:</td>
</tr>
</tbody>
</table>

#### Confirmation Tests (Should not duplicate requests from Screen or Reflex below except where noted)*
- **Opioids**
  - [ ] 303010 Buprenorphine
  - [ ] 301050 Codeine
  - [ ] 301060 Hydrocodone
  - [x] 304020 Fentanyl
  - [ ] 301070 Hydrocodone
  - [ ] 301040 Hydromorphone
  - [x] 305010 Meperidine
  - [ ] 306020 Methadone
- **Benzodiazepines**
  - [ ] 316020 Oxazepam
  - [ ] 316040 7-Aminoclonazepam
  - [ ] 316050 Chlordiazepoxide
  - [x] 316060 Diazepam
  - [ ] 316070 Lorazepam
  - [ ] 316080 Nordiazepam
  - [ ] 316090 Oxazepam
- **Amphetamines/Stimulants/ADHD**
  - [ ] 322020 Amphetamine
  - [ ] 322030 Meprobamate
- **Barbiturates** (Requires a positive Barbiturates Screen, codes 217010 and 999000, to reflex to confirmation)
  - [x] 317030 Butalbital
  - [ ] 317050 Phenobarbital
  - [x] 317060 Secobarbital
- **Muscle Relaxers**
  - [ ] 318020 Carisoprodol
  - [ ] 318030 Meprobamate
- **Sedative Panel**
  - [x] 321010 Zolpidem
  - [x] 321020 Zolpidem-P4C
- **Neuropathic Panel**
  - [x] 319010 Gabapentin
  - [x] 320010 Pregabalin
- **Tricyclic Antidepressants and SSRIs**
  - [x] 310010 Amitriptyline
  - [x] 310100 Citalopram
  - [x] 310200 Fluoxetine
- **Illicit Drugs**
  - [ ] 328020 Benzoylecgonine
  - [ ] 325010 E-MAM
  - [x] 329010 MDA
- **Ethanol** (Requires a positive Ethanol Screen, codes 291010 and 999000, to reflex to confirmation)
  - [ ] 391020 Ethyl Glucuronide
  - [ ] 391030 Ethyl Sulfate
- **Nicotine**
  - [x] 390020 Cotinine

#### Screens (Does not reflex unless Reflex Testing is marked)
- [ ] 291010 Ethanol
- [x] 222010 Amphetamine
- [ ] 217010 Barbiturates
- [x] 216010 Benzodiazepines
- [x] 203010 Buprenorphine

#### Reflex Positive Screens to Confirmation
- [ ] 220410 Cannabinoid
- [ ] 218010 Carisoprodol
- [ ] 228010 Cocaine
- [x] 204010 Fentanyl
- [ ] 206010 Methadone

I verify that these tests are medically necessary for the patients for whom they will be ordered and that supporting documentation of such will be provided, including but not limited to diagnosis codes (required for every specimen) and medical records (as necessary).

Physician signature: ______________________ Date: ______________

*Drugs listed under Confirmation in italics do not have a corresponding screen available. These tests may be selected in addition to a screening or reflex panel. Please complete this form and return to the fax number below. Once the request has been accepted, a confirmation with a unique order code will be faxed to you for each of your custom profiles. A custom profile does not constitute a standing order.*