



**ImmunoGenomics**  
202 Industrial Blvd, Ste 501  
Sugar Land TX, 77478 832-500-4462



**ELITE CLINICAL  
LABORATORY**

Please attach the following documents with this test order

- Medical Necessity  Patient Care-plan  
 SOAP Notes  Medication List, if any  
 Visit History Notes

## URINE TOXICOLOGY TEST REQUISITION FORM - SCREENING AND CONFIRMATION

### PATIENT INFORMATION

|                            |              |                   |                        |  |  |
|----------------------------|--------------|-------------------|------------------------|--|--|
| Patient First Name         |              | Patient Last Name |                        | Biological Sex <input type="checkbox"/> F <input type="checkbox"/> M |  |
| Date of Birth (MM/DD/YYYY) | Phone Number | Email             | Social Security Number |  |  |
| Address                    |              | City              | State                  | Zip  |  |

**Ethnicity:**  African American  Asian  Caucasian  Hispanic  Jewish(Ashkenazi)  Portuguese  Other

### PATIENT INSURANCE INFORMATION

### SPECIMEN AND PRACTICE INFORMATION

|   |                          |   |  |
|---|--------------------------|---|--|
| <input type="checkbox"/> Insurance <input type="checkbox"/> Self-Pay <input type="checkbox"/> Client Bill |                          | Date Collected:.....Collection Time:..... |  |
| Name of the insurance   |                          | Collected By:.....                        |  |
| Secondary Insurance, If any   |                          | <b>PRACTICE INFORMATION</b>               |  |
| Insurance Policy/ID number  | Name of the insured      | Provider Name:.....                       |  |
| Insurance Group number  | Date of Birth of Insured | Practice/Facility Name: .....             |  |
|   |                          | Address:.....                             |  |
|   |                          | City, State, Zip: .....                   |  |
|   |                          | Phone:.....Fax:.....                      |  |
|   |                          | NPI # (optional):.....                    |  |

### TEST PANEL

- Clinical Drug Screening  Confirmation  Screening and Confirmation  Urine Heavy Metals (Hg, Pb, As, Cd)

#### Clinical Drug Screen

|                          |                         |                  |                              |
|--------------------------|-------------------------|------------------|------------------------------|
| <b>9001 Screen Panel</b> | 904 Buprenorphine       | 908 Opiates      | <b>9003 Validity Testing</b> |
| 901 Amphetamines         | 905 Cocaine Metabolites | 909 Cannabinoids | 912 Specific Gravity         |
| 902 Barbiturates         | 906 Ethanol             | 911 Ecstasy      | 914 pH                       |
| 903 Benzodiazepines      | 907 Methadone           |                  | 915 Urine Creatinine         |

#### POC Results

|        | +                        | -                        |
|--------|--------------------------|--------------------------|
| AMP    | <input type="checkbox"/> | <input type="checkbox"/> |
| BAR    | <input type="checkbox"/> | <input type="checkbox"/> |
| BZO    | <input type="checkbox"/> | <input type="checkbox"/> |
| COC    | <input type="checkbox"/> | <input type="checkbox"/> |
| THC    | <input type="checkbox"/> | <input type="checkbox"/> |
| MTD    | <input type="checkbox"/> | <input type="checkbox"/> |
| MEMP   | <input type="checkbox"/> | <input type="checkbox"/> |
| OPI    | <input type="checkbox"/> | <input type="checkbox"/> |
| OXY    | <input type="checkbox"/> | <input type="checkbox"/> |
| PCP    | <input type="checkbox"/> | <input type="checkbox"/> |
| Others | <input type="checkbox"/> | <input type="checkbox"/> |

#### LC MS/MS Confirmatory Testing

|                             |  |                                 |                         |
|-----------------------------|--|---------------------------------|-------------------------|
| <b>6001 Stimulants</b>      | <b>6004 Muscle Relaxers/<br/>Sleeping Aids</b> | <b>6003 Opiates/Synthetics:</b> | <b>6009 Opioids</b>     |
| 610 Amphetamine             | 650 Carisprodol                                | 625 Codeine                     | 633 Buprenorphine       |
| 612 Methylphenidate         | 649 Gabapentin                                 | 626 Morphine                    | 634 Norbuprenorphine    |
| 614 Phentermine             | 651 Ketamine                                   | 627 Hydrocodone                 | 636 Fentanyl            |
| <b>6008 Amphetamines</b>    | 635 Norketamine                                | 629 Hydromorphone               | 637 Norfentanyl         |
| 611 Methamphetamine         | 652 Meprobamate                                | 630 Oxycodone                   | 640 Methadone           |
| <b>6002 Benzodiazepines</b> | 653 Pregabalin                                 | 632 Oxymorphone                 | 641 EDDP                |
| 615 7-Aminoclonazepam       | 654 Zolpidem                                   | 638 Meperidine                  | 642 Tapentadol          |
| 619 Nordiazepam             | 062 Cyclobenzaprine                            | 639 Normeperidine               | 645 Tramadol            |
| 620 Oxazepam                | <b>6005 Barbiturates</b>                       | <b>6007 Illicits/Others:</b>    | 647 O-Desmethyltramadol |
| 621 Temazepam               | 655 Butalbital                                 | 662 6-Acetyl-Morphine           | <b>6011 Alcohol</b>     |
| 622 Lorazepam               | 658 Phenobarbital                              | 663 Benzoylcegonine             | 633 Ethanol (EtS)       |
| 617 Alpha Hydroxylprazolam  | 656 Pentobarbital/Amobarbital                  | 664 MDA                         |                         |
|                             | <b>6006 Tricyclic Anti-Depressants</b>         | 665 MDMA                        |                         |
|                             | 660 Amitriptyline                              | 666 Phencyclidine (PCP)         |                         |
|                             | 661 Nortriptyline                              | 667 THC-COOH                    |                         |
|                             |  | 063 Ets                         |                         |

### DIAGNOSIS (ICD-10) CODES Select or write-in one or more codes from the spaces/selections below (REQUIRED)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> E87.21 - Acute metabolic acidosis</li> <li><input type="checkbox"/> E87.22 - Chronic metabolic acidosis</li> <li><input type="checkbox"/> E87.29 - Other acidosis</li> <li><input type="checkbox"/> F10.120 - Alcohol abuse with intoxication, uncomplicated</li> <li><input type="checkbox"/> F11.20 - Opioid dependence, uncomplicated</li> <li><input type="checkbox"/> F12.120 - Cannabis abuse with intoxication, uncomplicated</li> <li><input type="checkbox"/> F12.220 - Cannabis dependence with intoxication, uncomplicated</li> <li><input type="checkbox"/> F19.20 - ther psychoactive substance dependence, uncomplicated</li> <li><input type="checkbox"/> F20.0 - Paranoid schizophrenia</li> <li><input type="checkbox"/> F20.1 - Disorganized schizophrenia</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> F20.2 - Catatonic schizophrenia</li> <li><input type="checkbox"/> F20.89 - Other schizophrenia</li> <li><input type="checkbox"/> F55.3 - Abuse of steroids or hormones</li> <li><input type="checkbox"/> F55.4 - Abuse of vitamins</li> <li><input type="checkbox"/> F55.8 - Abuse of other non-psychoactive substances</li> <li><input type="checkbox"/> F13.120 - Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated</li> <li><input type="checkbox"/> F14.120 - Cocaine abuse with intoxication, uncomplicated</li> <li><input type="checkbox"/> F14.220 - Cocaine dependence with intoxication, uncomplicated</li> <li><input type="checkbox"/> F16.120 - Hallucinogen abuse with intoxication, uncomplicated</li> <li><input type="checkbox"/> F18.10 - Inhalant abuse, uncomplicated</li> </ul> |
|---|--|

## DIAGNOSIS (ICD-10) CODES (Continued)

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> F18.120 - Inhalant abuse with intoxication, uncomplicated</li> <li><input type="checkbox"/> F18.90 - nhalant use, unspecified, uncomplicated</li> <li><input type="checkbox"/> G40.301 - Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with sta</li> <li><input type="checkbox"/> G40.309 - Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without st</li> <li><input type="checkbox"/> G40.311 - Generalized idiopathic epilepsy and epileptic syndromes, i ntractable, with statu</li> <li><input type="checkbox"/> G40.319- Generalized idiopathic epilepsy and epileptic syndromes, intractable, without stat</li> <li><input type="checkbox"/> G40.901- Epilepsy, unspecified, not intractable, with status epilepticus</li> <li><input type="checkbox"/> G40.909- Epilepsy, unspecified, not intractable, without status epilepticus</li> <li><input type="checkbox"/> G40.911 - Epilepsy, unspecified, intractable, with status epilepticus</li> <li><input type="checkbox"/> G40.919- Epilepsy, unspecified, intractable, without status epilepticus</li> <li><input type="checkbox"/> I44.0- Atrioventricular block, first degree</li> <li><input type="checkbox"/> I44.1- Atrioventricular block, second degree</li> <li><input type="checkbox"/> I44.30- Unspecified atrioventricular block</li> <li><input type="checkbox"/> I45.81- Long QT syndrome</li> <li><input type="checkbox"/> I47.1- Supraventricular tachycardia</li> <li><input type="checkbox"/> I47.21- Torsades de pointes</li> <li><input type="checkbox"/> I47.29 - Other ventricular tachycardia</li> <li><input type="checkbox"/> M25.50- Pain in unspecified joint</li> <li><input type="checkbox"/> M25.59 - Pain in other specified joint</li> <li><input type="checkbox"/> M47.811 - Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial r</li> <li><input type="checkbox"/> M47.812 - Spondylosis without myelopathy or radiculopathy, cervical region</li> <li><input type="checkbox"/> M47.813- Spondylosis without myelopathy or radiculopathy, cervicothoracic reg</li> <li><input type="checkbox"/> M47.816- Spondylosis without myelopathy or radiculopathy, lumbar region</li> <li><input type="checkbox"/> M47.817- Spondylosis without myelopathy or radiculopathy, lumbosacral regio</li> <li><input type="checkbox"/> M47.818- Spondylosis without myelopathy or radiculopathy, sacral and sacrococcyge</li> <li><input type="checkbox"/> M51.14 - Intervertebral disc disorders with radiculopathy, thoracic region</li> <li><input type="checkbox"/> M51.15 - Intervertebral disc disorders with radiculopathy, thoracolumbar regio</li> <li><input type="checkbox"/> M51.16 - Intervertebral disc disorders with radiculopathy, lumbar region</li> <li><input type="checkbox"/> M51.17- Intervertebral disc disorders with radiculopathy, lumbosacral region</li> <li><input type="checkbox"/> M51.36 - Other intervertebral disc degeneration, lumbar region</li> <li><input type="checkbox"/> M51.37- Other intervertebral disc degeneration, lumbosacral region</li> <li><input type="checkbox"/> M54.10 - Radiculopathy, site unspecified</li> <li><input type="checkbox"/> M54.14 - Radiculopathy, thoracic region</li> <li><input type="checkbox"/> M54.15 - Radiculopathy, thoracolumbar region</li> <li><input type="checkbox"/> M54.16 - Radiculopathy, lumbar region</li> <li><input type="checkbox"/> M54.17 - Radiculopathy, lumbosacral region</li> <li><input type="checkbox"/> M54.18 - Radiculopathy, sacral and sacrococcygeal region</li> <li><input type="checkbox"/> M54.2 - Cervicalgia</li> <li><input type="checkbox"/> M54.50- Low back pain, unspecified</li> <li><input type="checkbox"/> M54.51 - Vertebrogenic low back pain</li> <li><input type="checkbox"/> M54.59 - Other low back pain</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> M60.811 - Other myositis, right shoulder</li> <li><input type="checkbox"/> M60.812 - Other myositis, left shoulder</li> <li><input type="checkbox"/> M60.821 - Other myositis, right upper arm</li> <li><input type="checkbox"/> M60.822 - Other myositis, left upper arm</li> <li><input type="checkbox"/> M60.831 - Other myositis, right forearm</li> <li><input type="checkbox"/> M60.832 - Other myositis, left forearm</li> <li><input type="checkbox"/> M60.841 - Other myositis, right hand</li> <li><input type="checkbox"/> M60.842 - Other myositis, left hand</li> <li><input type="checkbox"/> M60.851 - Other myositis, right thigh</li> <li><input type="checkbox"/> M60.852 - Other myositis, left thigh</li> <li><input type="checkbox"/> M60.861 - Other myositis, right lower leg</li> <li><input type="checkbox"/> M60.862 - Other myositis, left lower leg</li> <li><input type="checkbox"/> M60.871 - Other myositis, right ankle and foot</li> <li><input type="checkbox"/> M60.872 - Other myositis, left ankle and foot</li> <li><input type="checkbox"/> M60.88 - Other myositis, other site</li> <li><input type="checkbox"/> M60.89 - Other myositis, multiple sites</li> <li><input type="checkbox"/> M79.11 - Myalgia of mastication muscle</li> <li><input type="checkbox"/> M79.12 - Myalgia of auxiliary muscles, head and neck</li> <li><input type="checkbox"/> M79.18 - Myalgia, other site</li> <li><input type="checkbox"/> M79.2 - Neuralgia and neuritis, unspecified</li> <li><input type="checkbox"/> M79.7 - Fibromyalgia</li> <li><input type="checkbox"/> R40.0 - Somnolence</li> <li><input type="checkbox"/> R40.1 - Stupor</li> <li><input type="checkbox"/> R41.0 - Disorientation, unspecified</li> <li><input type="checkbox"/> R41.82 - Altered mental status, unspecified</li> <li><input type="checkbox"/> R44.0 - Auditory hallucinations</li> <li><input type="checkbox"/> R44.3 - Hallucinations, unspecified</li> <li><input type="checkbox"/> R56.9 - Unspecified convulsions</li> <li><input type="checkbox"/> Z71.51 - Drug abuse counseling and surveillance of drug abuser</li> <li><input type="checkbox"/> Z79.891 - Long term (current) use of opiate analgesic</li> <li><input type="checkbox"/> Z79.899 - Other long term (current) drug therapy</li> <li><input type="checkbox"/> Z91.120 - Patient's intentional underdosing of medication regimen due to financial</li> <li><input type="checkbox"/> Z91.128 - Patient's intentional underdosing of medication regimen for other reas</li> <li><input type="checkbox"/> Z91.130 - Patient's unintentional underdosing of medication regimen due to age-relate</li> <li><input type="checkbox"/> Z91.138 - Patient's unintentional underdosing of medication regimen for other re</li> <li><input type="checkbox"/> Z91.14 - Patient's other noncompliance with medication regimen</li> <li><input type="checkbox"/> Z91.190 - Patient's noncompliance with other medical treatment and regimen due to finan</li> <li><input type="checkbox"/> Z91.198 - Patient's noncompliance with other medical treatment and regimen for othe</li> </ul> |
|---|---|

**Additional ICD10 codes:**

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### PATIENT CONSENT

I hereby assign all rights and benefits under my health plan and all rights and obligations that I and my dependents have under my health plan to **ImmunoGenomics** its assigned affiliates and authorized representatives for laboratory services furnished to me by **ImmunoGenomics** I irrevocably designate, authorize and appoint **ImmunoGenomics** or its assigned affiliates and their authorized representatives as my true and lawful attorney-in-fact for the purpose of submitting my claims, obtain a copy of my health plan document, Summary Plan Description, disclosure, appeal, litigation or other remedies in accordance with the benefits and rights under my health plan and in accordance with federal or state laws. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and forward it to **Elite Clinical Laboratory** immediately upon receipt. I hereby authorize **ImmunoGenomics** its assigned affiliates and authorized representatives to contact me or my health Plan/administrator for billing or payment purposes by phone, text message, or email with the contact information that I have provided to **ImmunoGenomics**, in compliance with federal and state laws. **ImmunoGenomics**, its assigned affiliates and their authorized representatives may release to my health plan administrator, my employer, and my authorized representative my personal health information for the purpose of procuring payment of **ImmunoGenomics** and for all the laboratory services. I understand the acceptance of insurance does not relieve me from any responsibility concerning payment for laboratory services and that I am financially responsible for all charges whether or not they are covered by my insurance.

Signature of Patient or Patient Representative / Relationship to Patient

Date:

### PHYSICIAN CONSENT

As part of my antibiotic stewardship policy, I find it medically necessary to rapidly determine and differentiate a viral and/or bacterial infection in order to treat with or without appropriate antibiotics. Having the most accurate and timely data available to me directly guides my treatment and patient management. Empiric treatment and management leads to inappropriate and unnecessary antibiotic use (50% according to the CDC) and delayed diagnosis which can lead to severe consequences. Standard antibody/antigen detection is only available to detect few pathogens and comes with a high false negative rate, relatively lower sensitivity (60-70%) and specificity (80-90%). In addition, standard antibody/antigen detection requires the infection to be present for days allowing the body to make ample antibodies in order to detect. Qualitative Nucleic Acid Amplification Testing (NAAT) is far superior with sensitivities and specificities > 98% and available to detect many pathogens. In addition, NAAT has built in controls to determine if an adequate patient sample was collected and processed, therefore greatly reducing false negative results. NAAT also includes controls to easily determine a contaminated sample, therefore reducing false positive results.

Ordering Physician Signature

Date: