

PRACTICE INFORMATION (Please Print)	
Practice Name:	Primary Contact Name:
Street Address:	Email: (REQUIRED)
City, State, Zip:	Practice Tax ID #
Phone:	Fax:

**Physician Authorization** This standing order represents my determinations that it is both medically necessary and a matter of the prudent practice of medicine to run the selected urine drug screening and confirmation. I authorize CarePoint Lab, LLC to perform urine drug analysis on my patients from my organization as indicated on the form. In addition, I hereby authorize and instruct CarePoint Lab, LLC to run selected testing on samples sent to CarePoint Lab, LLC. I understand that this preferred order will remain in effect until an updated form is completed. I also understand that I may change this order, on a case-by-case basis, by making my testing preferences clear on the laboratory service requisition form.

Provider Name			
NPI			
License Number and State			
Provider Signature			

TOXICOLOGY PROFILE OPTIONS (Please identify desired testing profile)		
<input type="checkbox"/> <b>Basic Immunoassay (EIA) Screen</b> <ul style="list-style-type: none"> <li>➤ Amphetamine</li> <li>➤ Barbiturates</li> <li>➤ Benzodiazepine</li> <li>➤ Cocaine</li> <li>➤ Opiates</li> <li>➤ Oxycodone</li> <li>➤ Methadone</li> <li>➤ THC</li> </ul> <input type="checkbox"/> <b>Validity Testing</b> <ul style="list-style-type: none"> <li>➤ pH</li> <li>➤ Creatinine</li> <li>➤ Specific gravity</li> <li>➤ Oxidants</li> </ul> <input type="checkbox"/> <b>Basic Immunoassay (EIA) Screen with Abnormal reflex (confirm positive screens &amp; pertinent negatives)</b>	<input type="checkbox"/> <b>Comprehensive LC-MS/MS Confirmation</b> <ul style="list-style-type: none"> <li>➤ <b>Stimulants</b> (Amphetamine, Methamphetamine, Ritalinic Acid, Methylphenidate)</li> <li>➤ <b>Benzodiazepines</b> (Flunitrazepam, Desalkylflurazepam, Alprazolam, α-Hydroxyalprazolam, Clonazepam, 7-Aminoclonazepam, Lorazepam, Diazepam, Nordiazepam, Temazepam, Oxazepam)</li> <li>➤ <b>Opiates</b> (Codeine, Morphine, Hydrocodone, Norhydrocodone, Dihydrocodone, Hydromorphone)</li> <li>➤ <b>Synthetic Opiates</b> (Oxycodone, Oxymorphone, Noroxycodone, Fentanyl, Norfentanyl, Tramadol, O-Desmethyl Tramadol, Tapentadol, Desmethyl Tapentadol)</li> <li>➤ <b>Muscle Relaxants</b> (Carisoprodol, Meprobamate, Cyclobenzaprine)</li> <li>➤ <b>Tricyclic Acids (TCAs)</b> (Amitriptyline, Nortriptyline, Desipramine, Imipramine, Doxepin, Fluoxetine)</li> <li>➤ <b>Antiepileptics</b> (Gabapentin, Pregabalin)</li> <li>➤ <b>Barbiturates</b> (Butalbital, Phenobarbital, Amobarbital, Secobarbital, Pentobarbital)</li> <li>➤ <b>Illicits</b> (Benzoylcognine, 11-Nor-9-Carboxy THC, 6-MAM, PCP, PPX, MDMA, MDA)</li> <li>➤ <b>Other Tests</b> (Methadone, EDDP, Buprenorphine, Norbuprenorphine, Naloxone, Merperidine, Normeperidine, Naltrexone)</li> </ul>	<input type="checkbox"/> <b>LCMS Confirmation of Alcohol Biomarkers (ETG, ETS)</b>  <input type="checkbox"/> <b>Other Custom Panel</b> <hr/> <hr/> <hr/> <hr/>



Practice Name: \_\_\_\_\_

GENETIC TESTING PROFILE OPTIONS	
<input type="checkbox"/> COVID-19 Panel	

\*individual panel options listed on requisition form

SUPPLIES			
(Allow up to 3-5 days for shipment)			
Toxicology Supplies	QTY	Genetic Testing Supplies	Qty
Urine Specimen Cups, w/ temp strip (100/bag)		COVID Testing Kits	
Urine Specimen Biohazard Bags (50/pack)			
Toxicology Requisition Forms			
POC Specimen Collection Cups (25/box)*		Shipping Supplies	
Urine Hats		UPS Shipping Boxes/Lab Packs (Qty of 20 pcs)	
		UPS Shipping Labels	
		Saturday UPS Labels	

\*additional charges apply-see POC order form

<b>RESULT DELIVERY PREFERENCE:</b>	<input type="checkbox"/> Web Portal	<input type="checkbox"/> Fax
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UPS SHIPPING INFORMATION	
(New Accounts will take 5 days to activate)	
<input type="checkbox"/> UPS Account/Pick Up Not Needed	
<input type="checkbox"/> Daily 1 hour Pick Up Window: _____	
<input type="checkbox"/> Will Call UPS As Needed	
<input type="checkbox"/> Day Specific (list days and times): _____	

Projected Start Date: \_\_\_\_\_ Projected Weekly Volume: \_\_\_\_\_

Please list any special instructions: \_\_\_\_\_

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CarePoint Lab Representative Please Print : \_\_\_\_\_

Date: \_\_\_\_\_

**Please email this form in its entirety to: [clientservices@carepointlaboratory.com](mailto:clientservices@carepointlaboratory.com) OR fax to 678-585-9904**