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SPECIMEN INFORMATION

DATE COLLECTED / / TIME COLLECTED  
Temperature read within 4 minutes and is  
in range of 32.2 - 37.3°C (90-100°F)  
 YES  NO If NO: Actual Temp \_\_\_\_\_

SPECIMEN ID NUMBER \_\_\_\_\_

TEST REQUISITION

Patient Information  
Patient Last Name  
Patient First Name, Middle Initial  
Gender  M  F  
 Uninsured Patient  
Patient Social Security Number  
Date of Birth  
Date of Injury  
IF WORKERS' COMP

Practice Information  
Requesting Provider \_\_\_\_\_

**REQUIRED**  
PLEASE COMPLETE ALL GREEN HIGHLIGHTED SECTIONS.

Diagnosis Code(s)

ORDER TESTS

**A Specimen Type**  Urine  Oral Fluid

**B Order Tests**  Urine Drug Screen (Amphetamines, Benzodiazepine, Cocaine Metabolite, Ecstasy (MDMA), Opiate, Cannabinoid)  Comprehensive Illicit Panel  Comprehensive Non-Illicit Panel

**SINGLE LC-MS/MS TEST**  
**Amphetamines Panel**  
 Amphetamine  
 MDA  
 Mephedrone  
 Methamphetamine  
 Methylphenidate  
 Ritalinic Acid  
**Anti Depressants Panel**  
 Amitriptyline  
 Cyclobenzaprine  
 Desipramine  
 Doxepin  
 Duloxetine  
 Imipramine  
 Nortriptyline  
**Illicit and Other Drugs Panel**  
 Cocaine  
 Cocaine Metabolite (Benzoylcegonine)  
 Heroin  
 Heroin Metabolite (6-MAM)  
 JWH-018 Pentanoic  
 JWH-073 Butanoic  
 JWH-073 Hydroxybutyl  
 JWH-200  
 MDEA

**SINGLE LC-MS/MS TEST**  
**Illicit and Other Drugs Panel cont.**  
 MDMA  
 Mitragynine / Kratom  
 Norcocaine  
 THC-COOH  
**Opiates Panel**  
 Codeine  
 Dihydrocodeine  
 Hydrocodone  
 Hydromorphone  
 Morphine  
 Morphine-3 Glucuronide  
 Morphine-6 Glucuronide  
 Norcodeine  
 Norhydrocodone  
 Normorphine  
 Noroxycodone  
 Oxycodone  
 Oxymorphone  
**Other Drugs Panel**  
 Baclofen  
 Clonidine  
 Gabapentin  
 Ketamine  
 Norketamine

**SINGLE LC-MS/MS TEST**  
**Other Drugs Panel cont.**  
 Norpseudoephedrine  
 Pregabalin  
 Tizantidine  
**Synthetic Opioids Panel**  
 Buprenorphine Free Form  
 Buprenorphine Glucuronide  
 Desmethyltapentadol  
 Desmethyltramadol  
 EDDP-Methadone Metabolite  
 Fentanyl  
 Meperidine  
 Methadone  
 Naloxone  
 Naloxone Glucuronide  
 Naltrexone  
 Norbuprenorphine  
 Norbuprenorphine Free  
 Norbuprenorphine Glucuronide  
 Norfentanyl  
 Normeperidine  
 Propoxyphene  
 Tapentadol  
 Tramadol

**SINGLE LC-MS/MS TEST**  
**Sedative Panel**  
 Alphahydroxyalprazolam (Metabolite)  
 Alprazolam  
 Aminoclonazepam  
 Butalbital  
 Carisoprodol  
 Clonazepam  
 Diazepam  
 Flurazepam  
 Hydroxyalprazolam  
 Lorazepam  
 Meprobamate  
 Metaxalone  
 Nordiazepam  
 Oxazepam  
 Phenobarbital  
 Secobarbital (Metabolite)  
 Temazepam  
 Zaleplon  
 Zolpidem  
**Alcohol Panel**  
 Ethyl Alcohol  
 Ethyl Glucuronide  
**Urine Adulteration Test**

Patient's Prescribed Medications

Medication list attached. Indicating a medication in this section DOES NOT constitute a test request  
 New Patient. No Medication on file.  
Alprazolam, Amitriptyline, Amphetamine-Adderall-Vivance, Aripiprazole, Buprenorphine, Bupropion, Butalbital, Butrans, Carisoprodol, Citalopram, Clonazepam, Clozapine, Codeine, Concerta / Methylphenidate, Cyclobenzaprine, Desipramine, Diazepam / Valium, Doxepin, Duloxetine, Fentanyl - Duragesic, Fioricet, Fiorinal, Flexeril, Fluoxetine, Gabapentin, Gabapentin / Neurontin, Haloperidol, Hydrocodone / APAP/VICODIN/NORCO, Hydromorphone, Ketamine, Lorazepam, Lyrica, Meperidine - Demerol, Methadone, Methamphetamine, Morphine, MSIR, Naloxone, Naltrexone, Nortriptyline, Oxazepam, Oxycodone, Oxymorphone, Paroxetine, Percocet, Phenobarbital, Pregabalin, Propoxyphene, Quetiapine, Ritalin (Methylphenidate), Suboxone (Buprenorphine), Tapentadol, Temazepam (RESTORIL), Tramadol, Venlafaxine, Zolpidem  
Additional Medications: \_\_\_\_\_  
An inconsistent result may be recorded on a report if a complete medication list is not provided.

I, the undersigned, understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance. By signing this authorization, I allow the release of any medical information necessary to process this claim. By signing, I certify that I have provided an unadulterated and fresh sample to be analyzed. I acknowledge that the laboratory has my permission to release my results directly to the treating physician or facility. Spring Diagnostics also has my permission to outsource the processing of this sample at their discretion. I hereby authorize my insurance benefits to be paid directly to the laboratory for services rendered and I agree to endorse any payments received from my insurer and forward them directly to the Laboratory for services rendered. I also authorize Spring Diagnostics to be an authorized representative to appeal any claims on my behalf for services billed to my insurance by Spring Diagnostics.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Collector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMMAND LAB FORMS 1-800-570-8755