

Vermont Department of Health Laboratory - Clinical Test Request Form

359 South Park Dr, Colchester, VT 05446 [Mailing: PO Box 1125, Burlington, VT 05402-1125]

1-800-660-9997 (VT only) or 1-802-338-4724 Fax number: (802)338-4706 A separate form is required for each specimen. All specimens must be labeled with patient name and date of collection.

Specimen Information	For Laboratory Use Only
Date of Collection: _____	Date Received: _____
Time of Collection: _____ ICD-10 Code: _____	StarLIMS #: _____

Clinical Laboratory/Practice Information	Patient Information
Clinical Laboratory/ Practice Name	Patient Last Name Patient First Name
Address	Address
City/Town State Zip code	City/Town State Zip code
Telephone Number	Patient MRN# or ID# Specimen ID#
Referring Physician Last Name/first Name	Date of Birth (MM/DD/YYYY) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
NPI #	Clinician's Name: _____

<input type="checkbox"/> Check if No Insurance	Billing Information
Responsible Party Name	Medicaid Number Medicare Number
Insurance Company Name	ID Number Group Number
Subscriber Name	Relationship
Secondary Insurance Company Name	ID Number Group Number
Subscriber Name	Relationship

<p>Urine Screen with Reflexive Confirmation Analysis Requested: Please check all requested tests:</p> <p> <input type="checkbox"/> Amphetamines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Cannabinoids (THC) <input type="checkbox"/> Cocaine Metabolite (Benzoylecognines) <input type="checkbox"/> Ethanol Biomarkers (EtG/EtS) <input type="checkbox"/> MDMA (Ecstasy) <input type="checkbox"/> Methadone <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiates <input type="checkbox"/> Oxycodone <input type="checkbox"/> ALL <i>All samples are analyzed for pH, creatinine and Adulterants.</i> </p>	<p>Additional Urine Drug Testing Requests: <u>Please Specify:</u></p>
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For Laboratory Use Only
<input type="checkbox"/> Transport medium expired <input type="checkbox"/> Duplicate of # _____ <input type="checkbox"/> Overfilled <input type="checkbox"/> QNS/Leaked in Transit <input type="checkbox"/> Too Old to Test <input type="checkbox"/> Other: _____
Result: _____ Provider notified of preliminary results: _____ Provider notified of final results: _____

Clinical Information Summary

Client Name: _____

Drug misuse in the last 72 hours or since last urine test	
<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Amphetamine	Amphetamine (Adderall) , Methamphetamine , MDMA (Ecstasy), MDEA, MDA
<input type="checkbox"/> Benzodiazepines	Alprazolam (Xanax) , Bromazepam , Chlordiazepoxide , Clonazepam (Klonopin), Diazepam (Valium) Estazolam , Flunitrazepam , Flurazepam , Lorazepam, Midazolam Nitrazepam , Oxazepam , Temazepam, Triazolam
<input type="checkbox"/> Barbiturates	Amobarbital, Butabarbital, Butalbital, Pentobarbital, Phenobarbital, Secobarbital
<input type="checkbox"/> Buprenorphine	Buprenorphine (Suboxone, Subutex)
<input type="checkbox"/> Marijuana	
<input type="checkbox"/> Cocaine	
<input type="checkbox"/> Hallucinogens	LSD, PCP, Psilocybin(Mushrooms)
<input type="checkbox"/> Methadone	
<input type="checkbox"/> Methylphenidate	Ritalin, Concerta
<input type="checkbox"/> Carisoprodol	Soma
<input type="checkbox"/> Opiates	Morphine , Codeine , Hydrocodone (Vicodin) , Heroin , Hydromorphone (Dilaudid) Oxycodone (Oxycontin, Percocet), Oxymorphone (Opana)
<input type="checkbox"/> Other Opioids	Fentanyl , Meperidine (Demerol) , Tapentadol , Tramadol
<input type="checkbox"/> Street Drugs	Cathinones (Bath Salts, Ivory Wave, Vanilla Sky) , Synthetic Marijuana (K2, Spice, Bliss, Yucatan Fire)
Treatment-Related Medications	
<input type="checkbox"/> Amphetamines	Adderall, Dexedrine, Vyvanse
<input type="checkbox"/> Barbiturates	Phenobarbital
<input type="checkbox"/> Benzodiazepines	Xanax, Klonopin, Valium
<input type="checkbox"/> Buprenorphine	Suboxone, Subutex
<input type="checkbox"/> Methadone	Methadone, Dolophine
<input type="checkbox"/> Opiates Please list	
<input type="checkbox"/> Other Medications List to the right	
Clinician Comments:	