



900 Town Center Drive  
Ste H50  
Langhorne, PA 19047  
P: 267.212.2000



GDX 1153302

\_\_\_\_\_  
Date  
\_\_\_\_\_

GDX 1153302



Ordering Physician \_\_\_\_\_

Facility: \_\_\_\_\_

<b>REQUIRED ATTACHMENTS:</b>	<b>1) Clear copy of front and back of current insurance card (s). If multiple, indicate primary and secondary.</b>			Data Collected	
	<b>2) Copy of patient's Face Sheet.</b>				
	Gender	Last Name	First Name	MI	
<b>1 PATIENT INFORMATION (REQUIRED)</b>	Home Address		Home Telephone Number	Social Security Number	
	City	State	Zip Code	Date of Birth	
<b>DIAGNOSIS CODES (ICD) (REQUIRED)</b>	<input type="checkbox"/> 304.9 Drug Dependence <input type="checkbox"/> 724.2 Lumbago <input type="checkbox"/> V58.69 Long-term (current) use of other medications <input type="checkbox"/> V58.83 Therapeutic drug monitoring <input type="checkbox"/> (other) _____ <input type="checkbox"/> (other) _____ <input type="checkbox"/> (other) _____ <input type="checkbox"/> (other) _____				
	<b>PRIMARY PAYER GROUP (REQUIRED)</b>				
	<input type="checkbox"/> Medicare <input type="checkbox"/> Commercial <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Pay <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Uninsured <small>(complete section 2)</small> <input type="checkbox"/> Tricare _____ <input type="checkbox"/> Other _____ <small>Home of Record</small>				

I certify that I have voluntarily provided a fresh and unadulterated urine specimen for analytical testing. The information provided on this form and on the label affixed to the specimen bottle is accurate. I authorize Genesis to release the results of this testing to the treating physician or facility. I hereby authorize my insurance benefits to be paid directly to Genesis for services I received. I am also aware that in some circumstances my insurer will send the payment directly to me. I agree to endorse the insurance check and forward it to Genesis within 30 days of receipt. Failure to do so may result in my account being forwarded to Collections and reported to a Credit Bureau. I understand that Genesis may use specimen and any testing performed on that specimen, for research, development, and potential publication purposes, so long as the information has been properly de-identified pursuant to law. For billing questions, call Genesis at (267) 212-2000. Signature of Patient or Patient Representative and Relationship to Patient.

PLEASE SIGN \_\_\_\_\_

- |                                           |                                      |                                           |                                        |                                     |                                      |
|-------------------------------------------|--------------------------------------|-------------------------------------------|----------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> ACTIQ            | <input type="checkbox"/> DILAUDID    | <input type="checkbox"/> HYDROCODONE/APAP | <input type="checkbox"/> MSIR          | <input type="checkbox"/> PERCOCET   | <input type="checkbox"/> TRAMADOL    |
| <input type="checkbox"/> ADDERALL         | <input type="checkbox"/> DURAGESIC   | <input type="checkbox"/> HYDROMORPHONE    | <input type="checkbox"/> NALOXONE      | <input type="checkbox"/> PREGABALIN | <input type="checkbox"/> TYLOX       |
| <input type="checkbox"/> ALPRAZOLAM       | <input type="checkbox"/> EFFEXOR     | <input type="checkbox"/> KADIAN           | <input type="checkbox"/> NALTREXONE    | <input type="checkbox"/> PRISIQ     | <input type="checkbox"/> ULTRAM      |
| <input type="checkbox"/> AMBIEN           | <input type="checkbox"/> ELAVIL      | <input type="checkbox"/> KETAMINE         | <input type="checkbox"/> NEURONTIN     | <input type="checkbox"/> PROZAC     | <input type="checkbox"/> VALIUM      |
| <input type="checkbox"/> AMITRIPTYLINE    | <input type="checkbox"/> EMBEDA      | <input type="checkbox"/> KLONOPIN         | <input type="checkbox"/> NORCO         | <input type="checkbox"/> RESTORIL   | <input type="checkbox"/> VENLAFAXINE |
| <input type="checkbox"/> ATIVAN           | <input type="checkbox"/> ENDOCET     | <input type="checkbox"/> LORAZEPAM        | <input type="checkbox"/> NORTRIPTYLINE | <input type="checkbox"/> RITALIN    | <input type="checkbox"/> VICODIN     |
| <input type="checkbox"/> AVINZA           | <input type="checkbox"/> FENTANYL    | <input type="checkbox"/> LORCET           | <input type="checkbox"/> NUCYNTA       | <input type="checkbox"/> ROXICET    | <input type="checkbox"/> VICOPROFEN  |
| <input type="checkbox"/> BUTRANS          | <input type="checkbox"/> FENTORA     | <input type="checkbox"/> LORTAB           | <input type="checkbox"/> OPANA         | <input type="checkbox"/> ROXICODONE | <input type="checkbox"/> XANAX       |
| <input type="checkbox"/> CHLORDIAZEPOXIDE | <input type="checkbox"/> FIORICET    | <input type="checkbox"/> LYRICA           | <input type="checkbox"/> OXECTA        | <input type="checkbox"/> SERAX      | <input type="checkbox"/> ZOLPIDEM    |
| <input type="checkbox"/> CLONAZEPAM       | <input type="checkbox"/> FIORINAL    | <input type="checkbox"/> MEPERIDINE       | <input type="checkbox"/> OXYCODONE     | <input type="checkbox"/> SOMA       | <input type="checkbox"/> ZOLPIDEM    |
| <input type="checkbox"/> CYCLOBENZAPRINE  | <input type="checkbox"/> FLEXERIL    | <input type="checkbox"/> METHADONE        | <input type="checkbox"/> OXYCONTIN     | <input type="checkbox"/> SUBOXONE   | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> CYMBALTA         | <input type="checkbox"/> FLUOXETINE  | <input type="checkbox"/> METHYLPHENIDATE  | <input type="checkbox"/> OXY IR        | <input type="checkbox"/> SUBUTEX    | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> DEMEROL          | <input type="checkbox"/> GABAPENTIN  | <input type="checkbox"/> MORPHINE         | <input type="checkbox"/> PAROXETINE    | <input type="checkbox"/> TAPENTADOL | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> DIAZEPAM         | <input type="checkbox"/> HYDROCODONE | <input type="checkbox"/> MS CONTIN        | <input type="checkbox"/> PAXIL         | <input type="checkbox"/> TEMAZEPAM  | <input type="checkbox"/> OTHER _____ |

**COMPREHENSIVE MEDICATION COMPLIANCE PANEL** (Please ensure Comprehensive Medication Compliance Panel has been established on new account form)

Please list special instructions below. (Refer to back of requisition for a listing of analytes in each panel)

**LITE MEDICATION COMPLIANCE PANEL** (Please ensure Lite Medication Compliance Panel has been established on new account form)

Please list special instructions below. (Refer to back of requisition for a listing of analytes in each panel)

**OTHER CUSTOM PANEL**

**ADDITIONAL TESTS:**

Authorized Orderer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Time Collected: \_\_\_\_\_ AM / PM

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

Collected By: \_\_\_\_\_

Temperature checked within 4 minutes of collection and is between 90 - 100 F or 32 - 38 C  Yes  No

- |                                            |                                            |                                               |                                   |
|--------------------------------------------|--------------------------------------------|-----------------------------------------------|-----------------------------------|
| Pos. <input type="checkbox"/> AMP          | Pos. <input type="checkbox"/> COC          | Pos. <input type="checkbox"/> MTD             | Pos. <input type="checkbox"/> PCP |
| <input type="checkbox"/> BAR               | <input type="checkbox"/> MDMA              | <input type="checkbox"/> OPI                  | <input type="checkbox"/> TCA      |
| <input type="checkbox"/> BZO               | <input type="checkbox"/> MET               | <input type="checkbox"/> OXY                  | <input type="checkbox"/> THC      |
| <input type="checkbox"/> BUP               | <input type="checkbox"/> ALL POCT NEGATIVE |                                               |                                   |
| <input type="checkbox"/> NO POCT PERFORMED |                                            | <input type="checkbox"/> CONFIRM POCT RESULTS |                                   |

- URINE  
 ORAL SWAB

## COMPREHENSIVE MEDICATION COMPLIANCE PANEL

Test	Test	Test	Test	Test
Creatinine	Codeine	Norpropoxyphene	Desmethylcitalopram	Thiothixene
<b>AMPHETAMINES</b>	Morphine	Tramadol	Clomipramine	Trifluoperazine
Methamphetamine	Norcodeine	O-Desmethyltramadol	Desmethylclomipramine	Ziprasidone
<b>Amphetamine</b>	Hydrocodone	N-Desmethyltramadol	Desipramine	Perphenazine
MDMA (Ecstasy)	Hydromorphone	<b>OTHER HALLUCINOGENS</b>	Doxepin	Aripiprazole
MDA (Ecstasy metabolite)	Dihydrocodeine	Ketamine	Desmethyldoxepin	<b>ANALGESICS/NSAIDS</b>
<b>BENZODIAZEPINES</b>	Norhydrocodone	Phencyclidine	Duloxetine	Acetaminophen
Diazepam	<b>OXYCODONE CLASS</b>	<b>ANTICONVULSANTS</b>	Fluoxetine	Diclofenac
Desmethyldiazepam	Oxycodone	Carbamazepine	Norfluoxetine	Salicylate
Oxazepam	Oxymorphone	Clobazam	Fluvoxamine	Ibuprofen
Temazepam	Noroxycodone	Ezogabine	Imipramine	Ketoprofen
Alprazolam	Noroxymorphone	Gabapentin	Mirtazapine	Naproxen
Alpha-hydroxyalprazolam	<b>SYMPATHOMIMETICS</b>	Pregabalin	Nortriptyline	Oxaprozin
Desalkylflurazepam	Atomoxetine	Levetiracetam	Paroxetine	<b>ANTIHIISTAMINES</b>
Lorazepam	Diethylpropion	Oxcarbazepine MHD	Protriptyline	Brompheniramine
Alpha-hydroxytriazolam	MDEA	Primidone	Sertraline	Chlorpheniramine
Clonazepam	Ephedrine/Pseudoephedrine	Rufinamide	Desmethylsertraline	<b>Diphenhydramine</b>
7-aminoclonazepam	Methylphenidate	Tiagabine	Maprotiline	Doxylamine
Midazolam	Ritalinic Acid	Topiramate	Nefazodone	Hydroxyzine
<b>COCAINE METABOLITE</b>	Phenmetrazine	Phenytoin	Trazodone	Promethazine
Cocaine	Phentermine	Zonisamide	1,3 chlorophenyl piperazine	Pyrimamine
Benzoylcegonine	Phenylpropanolamine	Lamotrigine	Trimipramine	Tripolidine
Cocaethylene	Methcathinone	<b>MUSCLE RELAXANTS</b>	Venlafaxine	<b>LOCAL ANESTHETICS</b>
<b>ALCOHOL, ETHYL</b>	<b>BARBITURATES</b>	Baclofen	Desmethylvenlafaxine	Bupivacaine
Alcohol, Ethyl	Amobarbital	Carisoprodol	Vilazodone	Lidocaine
<b>FENTANYL &amp; ANALOGUES</b>	Barbital	Meprobamate	<b>ANTIPSYCHOTICS</b>	Mepivacaine
Fentanyl	Butabarbital	Cyclobenzaprine	Chlorpromazine	Procaine
Norfentanyl	Butalbital	Tizanidine	Clozapine	<b>MISCELLANEOUS</b>
Sufentanil	Mephobarbital	Metaxalone	Desmethylclozapine	Atenolol
Alfentanil	Pentobarbital	Methocarbamol	Loxapine	Benzotropine
<b>BUPRENORPHINE</b>	Phenobarbital	Orphenadrine	8-Hydroxyloxapine	Caffeine
Buprenorphine	Secobarbital	<b>SEDATIVE/HYPNOTICS</b>	Mesoridazine	Clonidine
Norbuprenorphine	Thiopental	Zolpidem	Olanzapine	Dextromethorphan
<b>TAPENTADOL</b>	<b>OTHER OPIOIDS</b>	Zopiclone/Eszopiclone	Quetiapine	Dextrophan/Levorphanol
Tapentadol	Naltrexone	Zaleplon	Risperidone	Diltiazem
<b>CANNABINOIDS</b>	Nalbuphine	<b>ANTIDEPRESSANTS</b>	Fluphenazine	Guaifenesin
Carboxy-THC	Butorphanol	Amitriptyline	Haloperidol	Metoprolol
<b>METHADONE</b>	Meperidine	Amoxapine	Thioridazine	Milnacipran
Methadone	Normeperidine	8-Hydroxyamoxapine	Molindone	Propranolol
EDDP (Methadone Mtb)	Pentazocine	Bupropion	Pimozide	Theophylline
<b>OPIATE CLASS</b>	Propoxyphene	Citalopram	Prochlorperazine	Verapamil

## LITE MEDICATION COMPLIANCE PANEL

Test	Test	Test	Test
Creatinine	7-aminoclonazepam	<b>Tapentadol</b>	<b>Noroxycodone</b>
<b>AMPHETAMINES</b>	Midazolam	<b>CANNABINOIDS</b>	<b>Noroxymorphone</b>
Methamphetamine	<b>COCAINE &amp; METABOLITE</b>	Carboxy-THC	<b>BARBITURATES</b>
Amphetamine	Cocaine	<b>METHADONE</b>	Amobarbital
MDMA (Ecstasy)	Benzoylcegonine	Methadone	Barbital
MDA (Ecstasy metabolite)	Cocaethylene	EDDP (Methadone Mtb)	Butabarbital
<b>BENZODIAZEPINES</b>	<b>ALCOHOL, ETHYL</b>	<b>OPIATE CLASS</b>	Butalbital
Diazepam	Alcohol, Ethyl	Codeine	Mephobarbital
Desmethyldiazepam	<b>FENTANYL &amp; ANALOGUES</b>	Morphine	Pentobarbital
Oxazepam	Fentanyl	Norcodeine	Phenobarbital
Temazepam	Norfentanyl	<b>Hydrocodone</b>	Secobarbital
Alprazolam	Sufentanil	Hydromorphone	Thiopental
Alpha-hydroxyalprazolam	Alfentanil	Dihydrocodeine	<b>TRAMADOL &amp; MTBS</b>
Desalkylflurazepam	<b>BUPRENORPHINE</b>	Norhydrocodone	Tramadol
Lorazepam	Buprenorphine	<b>OXYCODONE CLASS</b>	O-Desmethyltramadol
Alpha-hydroxytriazolam	Norbuprenorphine	<b>Oxycodone</b>	N-Desmethyltramadol
Clonazepam	<b>TAPENTADOL</b>	<b>Oxymorphone</b>	