

Date: _____ Clinic / Practice Name: _____ Multi-Office Clinic

Clinic Specialty: ENT Geriatric Medicine Hospice Hospital OB/GYN Wound Care Podiatry
 Pediatrician Family Medicine Internal Medicine Urology Gastro Primary Care
 Other: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ Time Zone: EST CST
 MST PST

Phone Number: _____ Secure Fax: _____

Secure Clinic Email: _____

Lab Portal Username: _____ Lab Portal Password: _____

Contact 1: _____ Direct Phone #: _____

Contact 2: _____ Position: _____ Direct Phone #: _____

Physician: _____ NPI#: _____

Physician: _____ NPI#: _____

Physician: _____ NPI#: _____

Physician: _____ NPI#: _____

Report Delivery Preference: Fax Encrypted Email Online Portal Days Open (circle): Mon Tue Wed Thu Fri Sat Sun

Panels Interested In: Screening w/ Reflex Screening w/ Reflex + Custom LCMS Panel Custom LCMS Panel
 Screening Only Confirmation (11 classes)
 Specimen Validity Tests Included for all Samples

Physician Signature: _____

Internal Use Only Sales Rep: _____
Account #: _____ Start Date: _____ Account Manager: _____

Checklist of Items Left: **Shipping Schedule:**

Lab Requisition Forms: PCR: _____ TOX: _____ UPS Courier
 Specimen Swabs: Regular: _____ Pernal: _____ Daily - Pick-up Time _____
 Specimen Bags: _____ **- OR -**
 Collection Cups/Vacutainer: PCR: _____ TOX: _____ Call UPS as Needed (Monday-Friday Only)
 Sanitary Wipes: PCR: _____ TOX: _____ Monday Tuesday Wednesday Thursday
 Client Services Manual: PCR: _____ TOX: _____ Friday Saturday Sunday
 UPS Shipping Supplies: _____

Date: _____ Clinic / Practice Name: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> <u>Screening (11 classes)</u>
6AM, AMP, Bup, Barb, Benz,
COC, ETG, MTD, OPI, OXY,
THC | <input type="checkbox"/> <u>Reflex Confirmation</u>
Quantitate positives from screening | <input type="checkbox"/> <u>Confirmation (58 analytes)</u> |
| <input type="checkbox"/> <u>Benzodiazepines</u> | <input type="checkbox"/> <u>Synthetic Opioids</u> | <input type="checkbox"/> <u>Natural and Semi-Synthetic Opioids</u> |
| <input type="checkbox"/> Alprazolam | <input type="checkbox"/> Meperidine | <input type="checkbox"/> Buprenorphine |
| <input type="checkbox"/> Clonazepam | <input type="checkbox"/> Methadone | <input type="checkbox"/> Codeine |
| <input type="checkbox"/> Diazepam | <input type="checkbox"/> Propoxyphene | <input type="checkbox"/> Hydrocodone |
| <input type="checkbox"/> Lorazepam | <input type="checkbox"/> Tramadol | <input type="checkbox"/> Hydromorphone |
| <input type="checkbox"/> Oxazepam | | <input type="checkbox"/> Morphine |
| <input type="checkbox"/> Temazepam | <input type="checkbox"/> <u>Cannabinoids</u> | <input type="checkbox"/> Oxycodone |
| | <input type="checkbox"/> THC-COOH | <input type="checkbox"/> Oxymorphone |
| <input type="checkbox"/> <u>Stimulants</u> | <input type="checkbox"/> <u>Barbiturates</u> | <input type="checkbox"/> <u>Illicit Drugs</u> |
| <input type="checkbox"/> Amphetamine | <input type="checkbox"/> Butalbital | <input type="checkbox"/> 6-MAM (Heroin) |
| <input type="checkbox"/> MDMA (Ecstasy) | <input type="checkbox"/> Pentobarbital | <input type="checkbox"/> Benzoyllecgonine (Cocaine) |
| <input type="checkbox"/> MDA | <input type="checkbox"/> Phenobarbital | <input type="checkbox"/> Fentanyl |
| <input type="checkbox"/> Methylphenidate | <input type="checkbox"/> Secobarbital | <input type="checkbox"/> Ketamine |
| <input type="checkbox"/> Methamphetamine | | <input type="checkbox"/> PCP |
| | | <input type="checkbox"/> LSD |
| <input type="checkbox"/> <u>Alcohol Biomarkers</u> | <input type="checkbox"/> <u>Other</u> | <input type="checkbox"/> Psilocin |
| <input type="checkbox"/> ETS | <input type="checkbox"/> Carisoprodol | <input type="checkbox"/> Xylazine |
| <input type="checkbox"/> ETG | <input type="checkbox"/> Meprobamate | |
| | <input type="checkbox"/> Zolpidem | <input type="checkbox"/> <u>Anticonvulsants</u> |
| | <input type="checkbox"/> Mitragynine (Kratom) | <input type="checkbox"/> Gabapentin |
| | <input type="checkbox"/> Cotinine | <input type="checkbox"/> Pregabalin |

STATEMENT OF UNDERSTANDING:

I understand and hereby acknowledge:
 I have received and reviewed the complete list of tests offered by Proventus Lab Services, Inc. and/or its affiliates.
 I understand that any deviation from the above selected list will be made for each patient via Proventus Lab Services, Inc. and/or its affiliates requisition forms and will comply with what is medically necessary.
 I have been informed that in the event medical necessity is requested by a patient insurance company, I will provide the necessary documentation.
 A Nurse Practitioner (NP, CNP) or Physician Assistant (PA, PA-C) will send specimens to Proventus Lab Services, Inc. when my practice or facility is billing under his or her NPI number. If my practice facility does NOT bill under the NP or PA's NPI number for any patient, I understand that the physician must be the one to order the test for that patient.
 Patients have been informed and consent to the collection and testing of specimens provided and authorize Proventus Lab Services, Inc. to release the result of testing to the ordering facility and/or patient insurance company.