

ToxKit™ Requisition Form

T1000	T1000
Name: _____	Name: _____
DOB: / /	DOB: / /

Provider Information 	Patient Information Name (Last, First, MI) _____ Gender: <input type="radio"/> Male <input type="radio"/> Female Date of Birth (MM/DD/YY) _____ Street Address _____ <input type="radio"/> No Address Change City _____ State _____ Zip _____ Patient Phone Number _____	<p style="text-align: center;">T1000</p> Urine Temp: _____ Date/Time Collected: Date: / / Time: : <input type="radio"/> AM <input type="radio"/> PM
Diagnosis Code(s): ICD-10's 	Billing Information Bill to: <input type="radio"/> Insurance <input type="radio"/> Patient <input type="radio"/> Client <input type="radio"/> Medicare/Medicaid <input type="radio"/> No Changes If Client, just place Client name in Insurance Name Insurance Name (Please attach copy of insurance card/information) _____ Policy & Group #'s _____ Subscriber Name _____ Subscriber DOB _____ Relationship to Subscriber: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent Secondary Insurance <input type="radio"/> Yes <input type="radio"/> No *Attach all of secondary insurance information to this requisition.*	

ToxKit Testing Panels

* Testing performed utilizing LC/MS/MS

Toxicology specimen requirements: minimum of 1 mL urine

<input type="radio"/> Drug Screen (Immunoassay) Amphetamine Barbiturates Benzodiazepine Cannabinoids Cocaine Ethanol Methadone Opiates PCP	<input type="radio"/> Drug Screen w/Reflex to Confirmation Drug screen (Immunoassay) LC/MS/MS performed only on Drug Screen Positive Result	<input type="radio"/> Definitive Testing / Drug Detection Panel* (select Drug Class) <input type="radio"/> Amphetamine Amphetamine Methamphetamine Phentermine <input type="radio"/> Barbiturate Amobarbital Butalbital Phenobarbital Secobarbital <input type="radio"/> Benzodiazepine 7-Aminoclonazepam Diazepam Nordiazepam Hydroxalprazolam Lorazepam Oxazepam <input type="radio"/> Non-Opioid Analgesic Gabapentin <input type="radio"/> Opiates/Opioids Codeine Morphine Hydromorphone Hydrocodone Norhydrocodone Buprenorphine Norbuprenorphine Fentanyl Norfentanyl Acetyl fentanyl Carfentanil Oxycodone Noroxycodone Oxymorphone Tramadol Desmethyl tramadol Tapentadol Naloxone Naltrexone EDDP (Methadone) <input type="radio"/> Illicits Cocaine (Benzoyllecgonine) Ethyl Sulfate (EtS) Heroin (6-MAM) Ecstasy (MDMA) PCP THC Delta 9 Methamphetamine Kratom (Mitragynine) LSD <input type="radio"/> Stimulants Ritalinic Acid <input type="radio"/> Antidepressants Fluoxetine Sertraline	<input type="radio"/> Synthetic Drug Testing (select Drug Class) <input type="radio"/> Synthetic THC Testing AB-Chminaca AB-Fubinaca AB-Pinaca AM2201 JWH-019 JWH-073 JWH-122 JWH-018 JWH-210 JWH-250 UR-144 XLR-011 <input type="radio"/> Bath Salts MDPV Mephedrone Methylone
<input type="radio"/> Pregnancy Test <input type="radio"/> Validity Test Included with every test panel Creatinine Oxidants Glutaraldehyde Nitrite pH	<input type="radio"/> Panel 1 - Drug Detection Panel* (DDP) Definitive LC/MS/MS panel composed of all components listed in Definitive Testing <input type="radio"/> Panel 2 DDP & Synthetic THC <input type="radio"/> Panel 3 DDP, Synthetic THC, Bath Salts <input type="radio"/> Custom ToxKit Panel Contact Prescient Medicine for details		

Current/Relevant Medications - Select medications below or attach medication list to Requisition Form.

Medication	Date Last Taken	Medication	Date Last Taken	Medication	Date Last Taken	Medication	Date Last Taken
<input type="radio"/> Alprazolam (Xanax)	/ /	<input type="radio"/> Codeine (Tylenol III, Tylenol IV)	/ /	<input type="radio"/> Lorazepam (Ativan)	/ /	<input type="radio"/> Secobarbital	/ /
<input type="radio"/> Amobarbital	/ /	<input type="radio"/> Diazepam (Valium)	/ /	<input type="radio"/> Methadone (Dolophine)	/ /	<input type="radio"/> Sertraline (Zoloft)	/ /
<input type="radio"/> Amphetamine (Adderall)	/ /	<input type="radio"/> Fentanyl (Actiq, Duragesic, Fentora)	/ /	<input type="radio"/> Methylphenidate (Ritalin)	/ /	<input type="radio"/> Suboxone	/ /
<input type="radio"/> Buprenorphine (Subutex)	/ /	<input type="radio"/> Fluoxetine (Prozac)	/ /	<input type="radio"/> Morphine (Avinza, Kadian, Ms Contin)	/ /	<input type="radio"/> Tapentadol (Nucynta)	/ /
<input type="radio"/> Butalbital (Esgic, Fioricet)	/ /	<input type="radio"/> Gabapentin (Neurontin)	/ /	<input type="radio"/> Naltrexone (Vivitrol)	/ /	<input type="radio"/> Tramadol (Ultram, Ryzolt, Synapryn)	/ /
<input type="radio"/> Carisoprodol (Soma)	/ /	<input type="radio"/> Hydrocodone (Lorcet, Lortab, Norco, Vicodin)	/ /	<input type="radio"/> Oxazepam (Serax)	/ /	<input type="radio"/> Other	/ /
<input type="radio"/> Clonazepam (Klonopin)	/ /	<input type="radio"/> Hydromorphone (Dilaudid, Exalgo)	/ /	<input type="radio"/> Phenobarbital (Luminal, Solfoton)	/ /		

Patient Signature _____ (if required)

Qualified Healthcare Provider Signature _____ (required)

PRESCIENT MEDICINE

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