ACE BIOMEDICAL LABS

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LAB FORM

Lab Director
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Instructions for filling out this form:

1) Please complete all of the Patient and Physician information requested below including the diagnosis code section at the bottom of the requisition.
2) Have patient sign and date the Release of Assignment of Benefits section below.
3) Ace Biomedical Labs requests that a patient demographic sheet and copy of the insurance card be included with the completed requisition form. Please complete the ICD-10 section below, and ifICD-10 codes are not part of the demographic sheet, please provide a copy of the Patient's Problem List and/or notes including all ICD-10 codes for diagnoses, conditions, or symptoms.

NOTE: Physicians (or other individuals authorized to order tests) should only order tests that are medically necessary and reasonable.

PATIENT INFORMATION

LAST / FIRST / MIDDLE

ADDRESS / APT #

CITY, STATE, ZIP

PHONE NUMBER / SSN # PATIENT ID

DOB | AGE | WEIGHT / HEIGHT | ☐ MALE ☐ FEMALE | RACE

☐ INSURANCE ☐ CLIENT PAY ☐ SELF PAY ☐ WORKER'S COMP

ICD-10 DX CODE

PROVIDER INFORMATION

CLIENT NAME ACCOUNT #

ADDRESS / APT #

CITY, STATE, ZIP

PHONE NUMBER

ORDERING PHYSICIAN DATE OF SERVICE

SPECIMEN INFORMATION

COLLECTION DATE ___/___/___ TIME: ____ ☐ AM ☐ PM PHLEBOTOMIST'S NAME

HOURS SINCE LAST MEAL ☐ FASTING ☐ NON-FASTING

CURRENT PRESCRIBED MEDICATIONS

☐ ACTIQ	☐ DEMEROL	☐ HYDROCODONE	☐ NORPRAMIN	☐ SOMA
☐ ADDERALL	☐ DESIPRAMINE	☐ HYDROMOPHONE	☐ SINEQUAN	☐ SONATA
☐ ALPRAZOLAM	☐ DESYREL	☐ IMIPRAMINE	☐ SOLOFOTON	☐ STRATTERA
☐ AMBIEN	☐ DIAZEPAM	☐ KADIAN	☐ NORTRIPTYLINE	☐ SUBOXONE
☐ AMITRIPTYLINE	☐ DILAUDID	☐ KLONOPIN	☐ NUCYNTA	☐ TAPENTADOL
☐ AMPHETAMINE	☐ DOLOPHINE	☐ LORAZEPAM	☐ NUVIGIL	☐ TEMAZEPAM
☐ AMRIX	☐ DOXEPIN	☐ LORTAB	☐ OPANA	☐ TOFRANIL
☐ ANAFRANIL	☐ DRONABINOL	☐ LUNESTA	☐ OXYCODONE	☐ TRAMADOL
☐ ARMODAFINIL	☐ DURAGESIC	☐ LUMINAL	☐ OXYCONTIN	☐ TRANXENE
☐ ATOMOXETINE	☐ EFFEXOR	☐ LYRICA	☐ OXYMORPHONE	☐ TRAZADONE
☐ AVINZA	☐ ELAVIL	☐ MARIJUANA (MEDICAL)	☐ PAMELOR	☐ TYLENOL #3
☐ BUPRENEX	☐ ESGIC PLUS	☐ MARINOL	☐ PAROXETINE	☐ ULTRA
☐ BUPRENORPHINE	☐ EXALGO	☐ MEPERIDE	☐ PAXIL	☐ VALIUM
☐ BUTALBITAL	☐ FENTANYL	☐ METHADONE	☐ PERCOCET	☐ VENLAFAXINE
☐ BUTRANS	☐ FENTORA	☐ METHADOSE	☐ PHENOBARBITAL	☐ VICODIN
☐ CARISOPRODOL	☐ FLORUCEPT	☐ METHLPHENIDATE	☐ PREGABALIN	☐ VYVANSE
☐ CHLORAZEPATE	☐ FLEXERIL	☐ MODAFINIL	☐ PROVIGIL	☐ XANAX
☐ CLOMIPRAMINE	☐ FLUOXETINE	☐ MORPHINE	☐ PROZAC	☐ ZALPHINE
☐ CLONAZEPAM	☐ FOCALN	☐ MS CONTIN	☐ REPREXAIN	☐ ZOLPIDEM
☐ CODEINE	☐ GABAPENTIN	☐ NALOXONE	☐ RESTORIL	☐ ZOLPIMIST
☐ CONZIP	☐ GHB/SODIUM OXYBATE	☐ NEURONTIN	☐ RETALIN	☐ ZOPICOLONE
☐ CYCLOBENZAPRINE	☐ GRALISE	☐ NORCO	☐ ROXICODONE	

ORDERED TESTS

☐ **STANDING ORDER** ☐ **CROSS-REFERENCE MEDICATION LIST**

STANDARD MEDS CONFIRMATIONS		***SLEEP/PSYCH MEDS CONFIRMATIONS***	
☐ AMPHETAMINES	☐ GABALINS	☐ ATOMOXETINE	☐ TRAZODONE
☐ BENZODIAZEPINES	☐ MEPERIDINE	☐ FLUOXETINE	☐ VENLAFAXINE
☐ BUPRENORPHINE	☐ METHADONE	☐ GHB/ SODIUM OXYBATE	☐ ZALEPLON
☐ CARISOPRODOL	☐ OPIATES	☐ MODAFINIL	☐ ZOLPIDEM
☐ COCAINE	☐ TAPENTADOL	☐ PAROXETINE	☐ ZOPICLONE
☐ FENTANYL	☐ TRICYCLICS		

ADDITIONAL TESTS

☐ ALCOHOL ☐ BARBITURATES ☐ MARIJUANA ☐ PHENCYCLIDINE ☐ OTHER_____

POINT OF CARE DRUG TEST RESULTS

+ / -	THC	+ / -	PCP	+ / -	TCA
+ / -	COC	+ / -	MDMA	+ / -	OXY
+ / -	OPI	+ / -	BAR	+ / -	PPX
+ / -	AMP	+ / -	BZO	+ / -	BUP
+ / -	MET	+ / -	MTD		

PHYSICIAN SIGNATURE

SIGN:_____ **DATE** _____

THE SPECIMEN IDENTIFIED ON THIS FORM IS MY OWN. I HAVE NOT ALTERED IT IN ANY WAY AND VOLUNTARILY SUBMIT THIS SPECIMEN. I AUTHORIZE TOTAL LAB CARE LLC (TLC) TO RELEASE RESULTS TO ORDERING PROVIDER AND BILL TO MY INSURANCE ON MY BEHALF. I AUTHORIZE MY INSURANCE BENEFITS TO BE PAID DIRECTLY TO TLC FOR SERVICES RENDERED. I ACKNOWLEDGE THAT I'M RESPONSIBLE FOR ANY OUTSTANDING BALANCES AND IF NOT PAID IN FULL ACCOUNT WILL BE FORWARDED TO COLLECTION OR LEGAL ACTION. SELF PATIENTS WILL BE BILLED DIRECTLY.

PATIENT'S SIGNATURE:_____ **DATE:**_____