

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 VDH 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
NPI #			Clinician's Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female

Billing Information			<input type="checkbox"/> Check if No Insurance		
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			

Urine Drug Screen Requested with Reflexive Confirmation (if available): Please check all requested tests:

- | | |
|---|--|
| <input type="checkbox"/> Cocaine Metabolite (benzoylecgonine) | <input type="checkbox"/> Methylphenidate (Ritalin) |
| <input type="checkbox"/> Oxycodone | <input type="checkbox"/> Fentanyl |
| <input type="checkbox"/> Methamphetamines/MDMA (Ecstasy) | <input type="checkbox"/> Barbiturates |
| <input type="checkbox"/> Amphetamine | <input type="checkbox"/> Tricyclic Antidepressants |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Phencyclidine (PCP) |
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Tramadol |
| <input type="checkbox"/> Opiates | <input type="checkbox"/> Zolpidem |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Propoxyphene |
| <input type="checkbox"/> Cannabinoids (THC) | <input type="checkbox"/> Gabapentin |
| <input type="checkbox"/> Ethanol Biomarkers (EtG/EtS) | <input type="checkbox"/> Pregabalin |

**All samples are analyzed for Adulterants
Reflexive confirmations performed (if available) with positive screening results**

Comments - Sample temperature/volume: 	Observed Collection? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Clinical Information Summary

Patient Name: _____

Reported Drug Use 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), Chlordiazepoxide, Clonazepam (Klonopin), Diazepam (Valium) Estazolam, Lorazepam, Midazolam, Oxazepam, Temazepam
<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"/> Gabapentin	
<input type="checkbox"/> Pregabalin	Lyrica
<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	

For VDH Laboratory Use Only	
<input type="checkbox"/> QNS/Leaked in Transit	<input type="checkbox"/> Required Signatures Missing
<input type="checkbox"/> Duplicate of # _____	
<input type="checkbox"/> Other: _____	
Provider Notified of Preliminary Results: _____	Provider Notified of Final Results: _____