

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/ Positive Reflex (12 classes) Screening w/ Positive Reflex + Custom LCMS Panel Custom LCMS Panel 10 Panel Confirmatory LCMS
 Specimen Validity Tests Included for all Samples

Physician Signature: _____

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

Checklist of Items Left:	Shipping Schedule:
<input type="checkbox"/> Lab Requisition Forms: PCR: _____ TOX: _____	<input type="checkbox"/> FedEx <input type="checkbox"/> Courier
<input type="checkbox"/> Specimen Swabs: Regular: _____ Pernal: _____	<input type="checkbox"/> Daily – Pick-up Time _____
<input type="checkbox"/> Specimen Bags: _____	– OR –
<input type="checkbox"/> Collection Cups/Vacutainer: PCR: _____ TOX: _____	<input type="checkbox"/> Call FedEx as Needed (Monday-Friday Only)
<input type="checkbox"/> Sanitary Wipes: PCR: _____ TOX: _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday
<input type="checkbox"/> Client Services Manual: PCR: _____ TOX: _____	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<input type="checkbox"/> FedEx Shipping Supplies: _____	

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- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <u>Screening (12 classes)</u>
6AM, AMP, Bup, Barb, Benz, COC,
EDDP, 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"/> Alprazolam
<input type="checkbox"/> Clonazepam
<input type="checkbox"/> Diazepam
<input type="checkbox"/> Lorazepam
<input type="checkbox"/> Oxazepam
<input type="checkbox"/> Temazepam | <input type="checkbox"/> <u>Synthetic Opioids</u>
<input type="checkbox"/> Meperidine
<input type="checkbox"/> Methadone
<input type="checkbox"/> Propoxyphene
<input type="checkbox"/> Tramadol | <input type="checkbox"/> <u>Natural and Semi-Synthetic Opioids</u>
<input type="checkbox"/> Buprenorphine
<input type="checkbox"/> Codeine
<input type="checkbox"/> Hydrocodone
<input type="checkbox"/> Hydromorphone
<input type="checkbox"/> Morphine
<input type="checkbox"/> Oxycodone
<input type="checkbox"/> Oxymorphone |
| <input type="checkbox"/> <u>Stimulants</u>
<input type="checkbox"/> Amphetamine
<input type="checkbox"/> MDMA (Ecstasy)
<input type="checkbox"/> MDA
<input type="checkbox"/> Methylphenidate
<input type="checkbox"/> Methamphetamine | <input type="checkbox"/> <u>Barbiturates</u>
<input type="checkbox"/> Butalbital
<input type="checkbox"/> Pentobarbital
<input type="checkbox"/> Phenobarbital
<input type="checkbox"/> Secobarbital | <input type="checkbox"/> <u>Illicit Drugs</u>
<input type="checkbox"/> 6-MAM (Heroin)
<input type="checkbox"/> Benzoylcegonine (Cocaine)
<input type="checkbox"/> Fentanyl Ketamine
<input type="checkbox"/> PCP
<input type="checkbox"/> LSD |
| <input type="checkbox"/> <u>Alcohol Biomarkers</u>
<input type="checkbox"/> ETS
<input type="checkbox"/> ETG | <input type="checkbox"/> <u>Other</u>
<input type="checkbox"/> Carisoprodol
<input type="checkbox"/> Meprobamate
<input type="checkbox"/> Zolpidem
<input type="checkbox"/> Mitragynine (Kratom)
<input type="checkbox"/> Cotinine | <input type="checkbox"/> Psilocin
<input type="checkbox"/> Xylazine

<input type="checkbox"/> <u>Anticonvulsants</u>
<input type="checkbox"/> Gabapentin
<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.