

A Enter key information

Patient information

Last name* First name* MI
Date of birth* / / Gender M F
Address City State Zip
Phone number Email

*Required fields

Account number

Specimen information

Collector initials

Date collected* / / Time collected : AM PM

Billing information

Diagnosis code(s)* Copy of insurance card(s) attached

Medicare Medicaid Workers comp. No fault 3rd party insurance Self-pay

Primary insurance carrier

Policy I.D.# Group

Date of injury (Workers comp./No fault) / /

B Select preliminary screen (Section B can be selected in combination with Section C)

Preliminary point-of-care test was **already** performed in office.

Enter results of point-of-care test below.

Pos. Neg.	<input type="checkbox"/> <input type="checkbox"/> Amphetamines (AMP)	Pos. Neg.	<input type="checkbox"/> <input type="checkbox"/> Cocaine metabolite (COC)	Pos. Neg.	<input type="checkbox"/> <input type="checkbox"/> Opiates (OPI300)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Barbiturates (BAR)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> MDMA (XTC)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Oxycodone (OXY)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Benzodiazepines (BZO)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Methadone (MTD)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> PCP (PCP)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Buprenorphine (BUP)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Methamphetamine (MET)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> THC (THC)

C Perform definitive test(s) (confirmation) for the selected drugs and/or medications below based on medical necessity

Please select only tests below that were not reported on your point-of-care test results above (Section B).
Definitive testing should only be performed where inconsistent or positive results are observed or where there is no screening test available for the specific drug(s) of interest.

All testing includes specimen validity testing in accordance with CMS guidelines.

* Urine fentanyl analogs and xylazine will be reflexed for positive heroin and unexpected fentanyl results.
* Urine xylazine will be reflexed for positive cocaine results.

Natural & semi-synthetic opioids

Rx	Test	<input type="checkbox"/> <input type="checkbox"/>	Buprenorphine/Naloxone (Suboxone)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Buprenorphine (Buprenex, Butrans, Belbuca)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Naloxone (Suboxone, Narcan)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Codeine (Tylenol 3)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Hydrocodone (Hysingla, Norco, Zohydro)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Hydromorphone (Dilaudid)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Morphine (MS Contin, Kadian)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Oxycodone (Oxycontin, Percocet, Roxicodone)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Oxymorphone (Opana)

Benzodiazepines

Rx	Test	<input type="checkbox"/> <input type="checkbox"/>	Alprazolam (Xanax)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Clonazepam (Klonopin)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Diazepam (Valium)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Flurazepam
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Lorazepam (Ativan)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Midazolam (Seizalam)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Oxazepam
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Temazepam (Restoril)

Antidepressants

Rx	Test	<input type="checkbox"/> <input type="checkbox"/>	Amitriptyline
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Bupropion (Wellbutrin, Zyban)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Citalopram (Celexa, Lexapro, Escitalopram)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Clomipramine (Anafranil)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Desipramine (Norpramin)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Doxepin (Silenor, Zonalon)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Duloxetine (Cymbalta)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Fluoxetine (Prozac)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Imipramine (Tofranil, Surmontil)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Nortriptyline (Pamelor)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	O-Desmethylvenlafaxine (Pristiq, Khedezla)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Paroxetine (Paxil)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Selegiline (Zelapar, Emsam)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Sertraline (Zoloft)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Trazodone
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Venlafaxine (Effexor)

Antipsychotics

Rx	Test	<input type="checkbox"/> <input type="checkbox"/>	Chlorpromazine
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Clozapine (Clozaril, Versacloz)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Fluphenazine
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Haloperidol (Haldol)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Olanzapine (Zyprexa)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Quetiapine (Seroquel)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Risperidone (Risperdal)

Synthetic opioids

Rx	Test	<input type="checkbox"/> <input type="checkbox"/>	Dextromethorphan
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Dextropropoxyphene/Levorphanol
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Fentanyl* (Actiq, Duragesic, Subsys, Fentora)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Meperidine (Demerol)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Methadone (Methadose, Dolophine)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Naltrexone (Vivitrol)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Tapentadol (Nucynta)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Tramadol (Ultram, Ultracet, Conzip)

Barbiturates

Rx	Test	<input type="checkbox"/> <input type="checkbox"/>	Amobarbital
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Butalbital (Fioricet, Fiorinal)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Pentobarbital (Nembutal)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Phenobarbital
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Secobarbital (Seconal)

Recreational substances

Rx	Test	<input type="checkbox"/> <input type="checkbox"/>	Ethanol metabolites
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	THC (Medicinal Marijuana)

Amphetamines

Rx	Test	<input type="checkbox"/> <input type="checkbox"/>	Amphetamine (Adderall)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Methamphetamine (Desoxyn)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Methylphenidate (Concerta, Ritalin, Focalin)

Rx Prescribed medication will be tested
Test Perform confirmatory test

Muscle relaxants

Rx	Test	<input type="checkbox"/> <input type="checkbox"/>	Carisoprodol (Soma)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Cyclobenzaprine (Amrix)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Meprobamate

Antiepileptics

Rx	Test	<input type="checkbox"/> <input type="checkbox"/>	Gabapentin (Neurontin, Gralise, Horizant)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Pregabalin (Lyrica)

Sedatives & hypnotics

Rx	Test	<input type="checkbox"/> <input type="checkbox"/>	Ketamine (Ketalar, Spravato)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Zaleplon (Sonata)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Zolpidem (Ambien, Edluar)

Designer drugs

Test	<input type="checkbox"/> <input type="checkbox"/>	Mitragynine (Kratom)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Synthetic cannabinoids
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Synthetic cathinones

Illicit

Test	<input type="checkbox"/> <input type="checkbox"/>	Cocaine*
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Heroin*
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	MDMA/MDA/MDEA
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	PCP

Test additional medications

.....
.....
.....

D I have read and fully agree with the patient authorization (Reference on reverse side)

Patient signature* Date / /

For laboratory use only
Date / time received

E I have read and fully agree with the medical necessity guidelines (Reference on reverse side)

Authorized healthcare provider signature* Date / /

Patient authorization and irrevocable assignment of benefits

I certify that the sample was provided without tampering. I authorize Acutis Diagnostics to release the results to the ordering provider. The laboratory is authorized to bill my insurance provider(s), or any payer, whether fully or partially insured and I will irrevocably assign any payment of benefits, claims, appeal rights and interest related to the services performed by the laboratory with any payer.

I understand that in some cases, Acutis may be out-of-network or that my insurer will send payment directly to me. In the event payment is made to me, I agree to endorse the insurance check and forward it to Acutis within 30 days. My failure to forward the insurance check may result in my account being forwarded to collections or to a credit bureau. If related to no fault, I authorize assignment of benefits towards payment of services provided by Acutis. I understand that I may be responsible for charges after processing by insurance including deductible and copay/coinsurance. In the event I do not have insurance coverage, I may be fully responsible for all charges.

Provider authorization and certification of medical necessity

I acknowledge all tests are reasonable, appropriate, and medically necessary for the monitoring, care, and treatment of the patient, as documented by the patient's records. Acutis Diagnostics emphasizes the importance of testing based on medical necessity. I agree to provide documentation upon request, from the patient's medical chart, supporting medical necessity of tests ordered within 15 days of the request.

I acknowledge a listing of all applicable CPT/HCPCS codes will be made available to me upon request from the laboratory. I further acknowledge the laboratory's Annual Provider Notice is available on their website.

Screening components

Screening tests	Analytes to be confirmed
Amphetamines (AMP)	Amphetamine / Methamphetamine
Barbiturates (BAR)	Amobarbital / Butalbital / Pentobarbital / Phenobarbital / Secobarbital
Benzodiazepines (BZO)	Alprazolam / Alpha-Hydroxyalprazolam / Clonazepam / 7-Aminoclonazepam / Diazepam / Nordiazepam / Temazepam / Oxazepam / 2-Hydroxyethylflurazepam / Lorazepam / Alpha-Hydroxymidazolam
Buprenorphine (BUP)	Buprenorphine / Naloxone / Norbuprenorphine
Cocaine (COC)	Cocaine metabolite
Ecstasy (MDMA)	MDMA / MDA / MDEA
Methadone (MTD)	Methadone / EDDP
Methamphetamine (MET)	Methamphetamine / Amphetamine
Opiates (OPI300)	Morphine / Codeine / Heroin metabolite / Hydrocodone / Norhydrocodone / Dihydrocodeine / Hydromorphone
Oxycodone (OXY)	Oxycodone / Oxymorphone / Noroxycodone
Phencyclidine (PCP)	Phencyclidine
Tricyclic antidepressants (TCA)	Amitriptyline / Clomipramine / Desipramine / Doxepin / Imipramine / Nortriptyline
THC (THC)	THC-COOH

Note: Reactivity may vary across point-of-care screening devices. Please refer to package insert specific to your screening method.

844-522-8847
service@acutis.com
acutis.com

400 Karin Lane, Hicksville, NY 11801
Main 844-522-8847 Fax 631-532-1680