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**DRUG TESTING SERVICES**

**PRACTICE INFORMATION**

**STEP # 1 - PATIENT INFORMATION**

LAST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SSN : \_\_\_\_\_

PHONE: \_\_\_\_\_  MALE  FEMALE  
 SELF PAY  COMMERCIAL  W/C (DOI): \_\_\_\_\_  OTHER \_\_\_\_\_  
 DX CODES: \_\_\_\_\_

**STEP #2 - COMPLETED BY COLLECTOR**

**TIME OF COLLECTION** **DATE OF COLLECTION**  
 Time: \_\_\_\_\_ AM/ PM Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Collection Witnessed:  Yes  No  
 TEMPERATURE RANGE - URINE Specimen temperature within range:  
 range : (90 - 100° f/32 38° C)  Yes  No  
 Specimen temperature must be read within 4 minutes.  
 Specimen collected this visit:  Urine  Saliva  
 Collector Signature: \_\_\_\_\_  
 Collector Printed Name: \_\_\_\_\_

SELF PAY  COMMERCIAL  W/C (DOI): \_\_\_\_\_  OTHER \_\_\_\_\_  
 DX CODES: \_\_\_\_\_

\* I certify that I have voluntarily provided a fresh and unadulterated specimen for analytical testing. The information provided on this form is accurate. I authorize LSA, LLC to release the results of this testing to the treating provider or facility. I agree to endorse any insurance check and forward it to LSA, LLC within 30 days of receipt. Failure to do so may result in my account being forwarded to collections and reported to the credit bureau"

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**STEP #3 CURRENTLY PRESCRIBED MEDICATIONS**

Patient not currently prescribed medication  
 See Prescribed List Attached  
 Medications currently prescribed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STEP #4 POCT SCREENING**

<input type="checkbox"/> <input type="checkbox"/> (AMP)	<input type="checkbox"/> <input type="checkbox"/> (COC)	<input type="checkbox"/> <input type="checkbox"/> (MTD)	<input type="checkbox"/> <input type="checkbox"/> (PCP)	<input type="checkbox"/> NO POCT
<input type="checkbox"/> <input type="checkbox"/> (BAR)	<input type="checkbox"/> <input type="checkbox"/> (MDMA)	<input type="checkbox"/> <input type="checkbox"/> (OPT)	<input type="checkbox"/> <input type="checkbox"/> (TCA)	PERFORMED
<input type="checkbox"/> <input type="checkbox"/> (BUP)	<input type="checkbox"/> <input type="checkbox"/> (MET)	<input type="checkbox"/> <input type="checkbox"/> (OXY)	<input type="checkbox"/> <input type="checkbox"/> (THC)	
<input type="checkbox"/> <input type="checkbox"/> (BZO)				

Patient Name: \_\_\_\_\_  
 Date of Collection: \_\_\_\_\_  
 Patient Initial \_\_\_\_\_ Collectors Initials: \_\_\_\_\_

**LC/MS CONFIRMATORY TESTING**  
**PLEASE TEST ONLY CHECKED METABOLITES**

PERFORM CONFIRMATORY TESTING FOR ALL CHECKED METABOLITES  
 PLEASE SCREEN SPECIMEN (EIA) (P002)  
 PERFORM VALIDITY TESTING (P001)

<input type="checkbox"/> <b>Amphetamine</b> <b>A001</b>	<input type="checkbox"/> <b>Illicits</b> <b>A002</b>	<input type="checkbox"/> <b>Specialty Testing</b> <b>A004</b>	<input type="checkbox"/> <b>Tricyclic Antidepressants</b> <b>D006</b>
- Amphetamine 0004	- Carboxy THC 0082	- ETOH T025	- Amitriptyline 0040
- Methamphetamine 0007	- Hydroxy THC 0083	- ETG 0049	- Nortriptyline 0044
- Phentermine 0084	- Benzoyllecgonine/Cocaine 0047	- ETS 0150	- Clomipramine 0143
- Methylphenidate 0043	- PCP 0048	- Zolpidem COOH 0149	- Desipramine 0041
- MDA 0005		- Zolpidem Tartate 0148	- Doxepin 0072
- MDEA 0065	<input type="checkbox"/> <b>Opiates and Opioids</b> <b>A003</b>	- Ketamine 0074	- Imipramine 0042
- MDMA 0006	- 6-MAM 0003	- Norketamine 0073	- Trimipramine 0144
	- Codeine 0018	- Mitrarginine 0101	
<input type="checkbox"/> <b>Barbiturates</b> <b>B010</b>	- Hydrocodone 0022	- 7-Hydroxymitragynine 0100	<input type="checkbox"/> <b>Antipsychotics</b> <b>A006</b>
- Amobarbital 0061	- Hydromorphone 0023	- Carisoprodol 0017	- Quetiapine 0109
- Butalbital 0008	- Morphine 0027	- Meprobamate 0025	- Risperidone 0169
- Phenobarbital 0009	- Meperidine 0024	- Cyclobenzaprine 0054	- 9-Hydroxyrisperidone 0170
- Pentobarbital 0064	- Normeperidine 0031	- Baclofen 6025	- Clozapine Metabolite 0166
- Secobarbital 0062	- Pentazocine 0060	- Pregabalin 0036	
	- Oxycodone 0033	- Gabapentin 0053	<input type="checkbox"/> <b>SSRIs/SNRIs/Antidepressants</b> <b>D085</b>
<input type="checkbox"/> <b>Benzodiazapine</b> <b>D003</b>	- Oxymorphone 0035		- Citalopram/Escitalopram Metabolite 0157
- Alprazolam 0063	- Buprenorphine 0016	<input type="checkbox"/> <b>Bath Salts</b> <b>D016</b>	- Duloxetine 0099
- α-Hydroxyalprazolam 0001	- Norbuprenorphine 0029	- α-PVP 0113	- Fluoxetine Metabolite 0093
- 7-Aminoclonazepam 0002	- Naloxone 0028	- Buphedrone 0103	- Sertraline 0046
- Clonazepam 0052	- Fentanyl 0021	- S(-)-Cathinone 0141	- Trazodone 0153
- Diazepam 0010	- Norfentanyl 0030	- Diethylpropion 0138	- Bupropion 0151
- Nordiazepam 0013	- Methadone 0026	- MDPV 0085	
- Oxazepam 0014	- EDDP 0020	- Phenylpropanolamine/ Norephedrine 0140	
- Temazepam 0015	- Propoxyphene 0037	- S(-)-Methcathinone 0142	<b>***Validity / Adulterant testing will be performed on all specimens.</b>
- Lorazepam 0012	- Norpropoxyphene 0032	- 4-MEC 0136	<b>***Checking the box next to each drug class authorizes LSA to run the drug class.</b>
- Flunitrazepam 0011	- N-Desmethyl-cis-Tapentadol 0019	- 4-Methylephedrine 0137	
- Nitrazepam 0070	- Cis-Tramadol 0039	- DMAA/ Methylhexanamine 0139	
	- O-Desmethyl-cis-Tramadol 0034		

\*Notice to ordering practitioners: When ordering test for which medicare reimbursement will be received, practitioners should only order test that are medically necessary for the patient's clinical condition. Practitioners must submit the diagnosis information for all test ordered, it should be documented in the patients medical records.

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_