



**UMMC Toxicology**

UMMC: (601) 984-2373 • UMMC Fax: (601) 815-6105  
 UMMC After Hours Toxicology: (601) 984-1614

|  |   |
|--|---|
| Patient Name:  |   |
| DOB:   | SS#: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Physician / Clinician:   |   |
| Collector:   | Collection Date/Time:   |
| Ordering Facility:   |   |
| Specimen Source:   |   |
| <input type="checkbox"/> Urine <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Whole Blood |   |
| <input type="checkbox"/> STAT <input type="checkbox"/> Fax(# _____ )<br><input type="checkbox"/> Please call results to: _____     |   |
| Other test(s), comments, special handling instructions   |   |

|   |
|---|
| <b>This section must be completed for third party billing or client will be billed.</b>   |
| Bill to <input type="checkbox"/> Clinic <input type="checkbox"/> Insurance <input type="checkbox"/> Patient<br><b>Primary Insurance</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other _____<br>Network/Carrier _____<br>Policy Holder Name _____<br>Policy# _____ Group# _____<br>Address _____<br>City _____ State _____ Zip _____<br><b>Secondary Insurance</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other _____<br>Network/Carrier _____<br>Policy Holder Name _____<br>Policy # _____ Group # _____<br>Address _____<br>City _____ State _____ Zip _____<br><b>Guarantor</b> Self Spouse Other _____<br>Name _____ DOB ____/____/____<br>SSN _____ Phone # (____) _____<br>Address _____<br>City _____ State _____ Zip _____ |
| Current Medications:  |

| Drugs of Abuse Immunoassay Screens (Urine):                       | ICD   |
|---|-------|
| <input type="checkbox"/> Amphetamine Screen, Urine                | _____ |
| <input type="checkbox"/> Barbiturate Screen, Urine                | _____ |
| <input type="checkbox"/> Benzodiazepine Screen, Urine             | _____ |
| <input type="checkbox"/> Buprenorphine Immunoassay Screen, Urine  | _____ |
| <input type="checkbox"/> Cannabinoids Screen, Urine               | _____ |
| <input type="checkbox"/> Cocaine Screen, Urine                    | _____ |
| <input type="checkbox"/> Methadone Screen, Urine                  | _____ |
| <input type="checkbox"/> Opiates Screen, Urine                    | _____ |
| <input type="checkbox"/> Oxycodone Screen, Urine                  | _____ |
| <input type="checkbox"/> Phencyclidine (PCP) Screen, Urine        | _____ |
| <input type="checkbox"/> Propoxyphene Screen, Urine               | _____ |
| Drugs of Abuse Confirmations (Urine):                             | ICD   |
| <input type="checkbox"/> Amphetamine Confirmation                 | _____ |
| <input type="checkbox"/> Barbiturate, Urine, Confirmation         | _____ |
| <input type="checkbox"/> Benzodiazepine Confirmation              | _____ |
| <input type="checkbox"/> Buprenorphine LCMS Confirmation          | _____ |
| <input type="checkbox"/> Cannabinoids Confirmation                | _____ |
| <input type="checkbox"/> Cocaine, Urine, Confirmation             | _____ |
| <input type="checkbox"/> Methadone Confirmation                   | _____ |
| <input type="checkbox"/> Opiates Confirmation                     | _____ |
| <input type="checkbox"/> Oxycodone LCMS Confirmation              | _____ |
| <input type="checkbox"/> Phencyclidine (PCP), Urine, Confirmation | _____ |
| <input type="checkbox"/> Propoxyphene Confirmation                | _____ |

| Volatiles Testing by Gas Chromatography (Serum):               | ICD   |
|--|-------|
| <input type="checkbox"/> Ethanol                               | _____ |
| <input type="checkbox"/> Methanol                              | _____ |
| <input type="checkbox"/> Acetone                               | _____ |
| <input type="checkbox"/> Isopropanol                           | _____ |
| <input type="checkbox"/> Ethylene Glycol                       | _____ |
| <input type="checkbox"/> Volatile Alcohols Panel ****          | _____ |
| Specialty Testing (Urine):                                     | ICD   |
| <input type="checkbox"/> Ethyl Glucuronide Screen              | _____ |
| <input type="checkbox"/> Tramadol Qual, Urine                  | _____ |
| <input type="checkbox"/> Fentanyl Qual, Urine                  | _____ |
| <input type="checkbox"/> Synthetic Opioids Panel, Urine        | _____ |
| <input type="checkbox"/> Nicotine & Metabolites, Urine         | _____ |
| <input type="checkbox"/> Comprehensive Drug Screen *           | _____ |
| <input type="checkbox"/> Drug Compliance Screen, Urine **      | _____ |
| <input type="checkbox"/> Pain Management Urine Drug Screen *** | _____ |
| Therapeutic Drug Monitoring (Serum):                           | ICD   |
| <input type="checkbox"/> Levetiracetam (Keppra) Level          | _____ |
| <input type="checkbox"/> Lamotrigine Level                     | _____ |
| <input type="checkbox"/> Oxcarbazepine Metabolite, QT, Serum   | _____ |
| <input type="checkbox"/> Topiramate Level                      | _____ |
| Miscellaneous  | ICD   |
| <input type="checkbox"/> Lead, Blood                           | _____ |

\*Immunoassay screen [confirmation if needed]; GC/MS screen of 2500 drug database.

\*\*Meets requirements of MS State Board of Medical Licensure Regulation and includes Amphetamines, Benzodiazepines, Buprenorphine, Cannabinoids, Cocaine, Opiates, Oxycodone, Tramadol, Fentanyl)

\*\*\* Comprehensive Drug Screen plus validity testing: pH, specific gravity, and creatinine

\*\*\*\* Includes ethanol, methanol, acetone, isopropanol, and ethylene glycol