Address: 22 Ball Street, 2nd Floor
Irvington , NJ 07111
Phone: (973) 877-8357
Fax: (973) 757-2022
Laboratory Director: Dr. Robert Rush
CLIA# 31D2083671

Diagnosis Codes (ICD-10):
❒ F 11.20 Opioid Dependence
❒ F 10.10 Alcohol Abuse
❒ F 19.20 Polysubstance Dependence
❒ Z 79.899 Other Long Term Drug Therapy
❒ ________________________________

Patient Name (Last, First, MI):	**Sex:** ❒ Male ❒ Female
Address:	**DOB:** **Age:**

Insurance: ❒ Medicare ❒ Medicaid ❒ Amerigroup ❒ Cigna ❒ BCBS ❒ Oxford ❒ United HealthCare ❒ Self Pay ❒ Aetna

❒ Other ______________ Member ID #: ________________________________ Group #: ____________________

Facility Name/ID: Ordering Physician: Physician Signature: _________________________

Date Collected:	**Time Collected:**	**Initials:**

Prescribed Medications

❒ Alprazolam	❒ Clonazepam	❒ Gabapentin	❒ Morphine	❒ Tamazepam
❒ Amphetamine	❒ Cyclobenzaprine	❒ Hydrocodone	❒ Naloxone	❒ Tramadol
❒ Diazepam	❒ Codeine	❒ Hydromorphone	❒ Naltrexone	❒ Zeleplom
❒ Antidepressant	❒ Diazepam	❒ Lorazepam	❒ Oxycodone	❒ Zolpidem
❒ Butalbital	❒ Duloxetine	❒ Marinol	❒ Oxymorphone	❒Other:_______________
❒ Carisoprodol	❒ Fentanyl	❒ Methadone	❒ Pregabalin	

Requested Tests

Urine Drug Testing	Urine Drug Confirmation	
❒ 6 Drug Panel (Amph, Barb, THC, Coca, OXY, Meth)	**❒ Amphetamine**	**❒ EDDP**
❒ 8 Drug Panel (Amph, Barb, THC, Coca, Meth, EDDP, OXY, Opia)	Amphetamine	Methadone
❒ 10 Drug Panel (Amph, Barb, THC, Coca, Meth, EDDP, OXY, Opia, PCP, Prox)	Methampetamine	EDDP
❒ 10 Drug Panel (Amph, Barb, THC, Coca, Meth, EDDP, OXY, Opia, Benz, Etoh)	MDA	**❒Opiates**
❒ Specimen Validity (pH, Oxidants, Creatinine, Specific Gravity)	MDEA	Codeine
❒ Barbiturates	MDMA	Hydrocodone
❒ Benzodiazepine	**❒ Benzodiazepines**	Hydromorphone
❒ Buprenorphine	7 Aminoclonazepam	Morphine
❒ Cannabinoids (THC)	Alpha – Hydroxyalprazolam	6-MAM
❒ Cocaine Metabolite	Lorazepam	Fentanyl
❒ EDDP	Nordiazepam	Naltrexone
❒ Ethanol	Oxazepam	Buprenorphine
❒ MDMA (Ecstasy)	Alprazolam	Tramadol
❒ Methaquolone	Temazepam	**❒ Oxycodone**
❒ Oxycodone	**❒ THC - COOH**	Oxycodone
❒ Phencyclidine (PCP)	THC - COOH	Oxymorphone
	❒ Cocaine	
	Benzoylecgonine	

Patient Authorization

I certify that I have voluntarily provided a fresh and unadulterated urine specimen for analytical testing. The information on this form and on the label axed to the specimen cup is accurate. I authorize Sunrise Clinical Lab to release the results of this testing to the treating authorized healthcare provider or facility. I hereby authorize my insurance plan to be billed and benefits to be paid directly to Sunrise Clinical Lab for services I received. I acknowledge that Sunrise Clinical Lab may be an out-of-network provider with my insurer. I am also aware that in some circumstances my insurer will send the payment directly to me. I agree to endorse insurance check and forward it to Sunrise Clinical Lab within 30 days of receipt. Failure to do so may result in my account being forwarded to Collections and reported to a Credit Bureau. I understand that Sunrise Clinical Lab may use my specimen and any testing performed on that specimen, for research, development and potential publication purposes, so long as the information has been properly de-identified pursuant to law.

Patient Signature: ____ **Date:** ______________________

Notes:

Urine Collection Monitored:
❒ YES
❒ NO