Helix Diagnostic Labs

GETTING PEOPLE HEALTHIER, FASTER

TOXICOLOGY REQUISITION

Drug Screening & Confirmation

PATIENT INFORMATION

LAST NAME

FIRST NAME

DATE OF BIRTH

SEX (M/F)

PHONE

ADDRESS / CITY / STATE / ZIP

ORDERING PROVIDER

PROVIDER / CLINIC NAME

NPI #

ACCOUNT #

COLLECTION DATE

COLLECTION TIME

BILLING / INSURANCE

☐ Insurance ☐ Client Bill ☐ Patient Self-Pay

INSURANCE CARRIER

MEMBER ID

SPECIMEN TYPE

☐ Urine ☐ Oral Fluid ☐ Blood

TOXICOLOGY PANELS

☐ Amphetamines ☐ Barbiturates ☐ Benzodiazepines

☐ Buprenorphine ☐ Cannabinoids (THC) ☐ Cocaine

☐ Fentanyl ☐ Methadone ☐ Opiates

☐ Oxycodone ☐ Alcohol (EtG/EtS) ☐ Confirmation (LC-MS/MS)

DIAGNOSIS CODES (ICD-10)

ICD-10 CODES

PROVIDER SIGNATURE

DATE