



Additional Laboratory Add-On Test Form

Patient's Name: _____ ID#: _____ ICD10: _____

Accession #: _____ Date: _____

Request for Definitive Drug Test by LC/MS/MS for the following reason:

- _____ Patient disputes the findings of a presumptive test and/or the result is not supported by the clinical situation.
- _____ A provider wants to detect a specific substance due to suspected use and no presumptive test is available.
- _____ The substance is not adequately identified by presumptive methods (e.g. heroin rather than opiates)
- _____ The results will inform a decision with major clinical or non-clinical implications for the patient.
- _____ Suspected illicit substance usage due to unexpected change in the patient's level of arousal/behavioral activity

Other Comments: _____

Client Name

ADL Account #

Counselor/Practitioner Name

Counselor/Practitioner Signature

Date

If you have any questions, please contact ADL Client Services at 267-525-2470 ext. 0

PLEASE COMPLETE FORM AND FAX OR EMAIL:

ADL Fax #: 267-525-2488
ADL Client Services Email: clientservices@adllab.net