



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:

- _____ Intake (need to identify actual drug in the drug class patient is taking)
- _____ The substance is not adequately identified by presumptive methods (e.g. naloxone in suboxone)
- _____ A provider wants to detect a specific substance due to suspected use and no presumptive test is available: **Xylazine, Gabapentin, Dextromethorphan, Catapres (Clonidine), Wellbutrin/Aplenzin/Zyban (Bupropion) ect.**
- _____ The results will inform a decision regarding clinical treatment for the patient. (change in patient's behavior, treatment transition or medication change)
- _____ Patient disputes the findings of a presumptive test and/or the result is not supported by the clinical situation.
- _____ Patient reported using a particular substance and provider expects the result of a presumptive test to be positive, skip the presumptive test in favor of a definitive test.

Please Confirm by LC/MS/MS the following Drug Classes:

- Amphetamine Barbiturates Benzodiazepines Buprenorphine
- Cocaine Fentanyl Marijuana Methadone
- Opiates Oxycodone PCP Xylazine
- Other: _____

_____ Account 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