



**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. heroin rather than opiates)
- \_\_\_\_\_ 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.

**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](mailto:clientservices@adllab.net)**