



ADDITIONAL TOXICOLOGY TESTING REQUEST

Fax completed form to: 775-737-9133, Attn: Client Services

Account #:	Client Name:
Ordering Provider:	
Patient Name:	
Collection Date:	Original Requisition #:

- THC Metabolite (11-nor-9-Carboxy-THC) Confirmation (LC-MS/MS)
- Ethanol Metabolites - Ethyl Glucuronide and Ethyl Sulfate Confirmation (LC-MS/MS)
- Barbiturate – Butalbital Confirmation (LC-MS/MS)
- Barbiturate – Phenobarbital Confirmation (LC-MS/MS)
- Additional Testing: _____

ICD-10 Diagnostic Code(s) to support above testing:

(Coded to the highest level of specificity)

I have documentation supporting the medical necessity of these laboratory test(s) in the patient's medical record for the date of service above. I understand that the Office of the Attorney General requires such documentation in the patient's medical record, including the date of service, diagnostic code(s), tests ordered, and documentation to support medically necessity.

Ordering Provider's Signature required (written or electronic) when you are providing any DX information.

Provider Name: _____

Provider Signature: _____ **Date:** _____

The Office of the Inspector General requires a copy of this order to be maintained in the patient's medical record.

Should you have any questions or concerns please call MD Labs Client Services at 775-499-5150.