

NOT A REQUISITION FORM DO NOT SUBMIT WITH SPECIMEN

intellium Worksheet for Urine Drug Test Ordering

All orders must be based on patient-specific elements identified during the clinical assessment and documented in the patient's record by the clinician. Clinicians may not order tests based on custom profiles or standing orders. Medicare will only pay for tests that are medically reasonable and necessary based on the clinical condition of each patient.

Patient Name: _____ Gender: Male Female

Patient Date of Birth: _____ Specimen ID: _____ Collection Date: _____

Requesting Provider Name: _____ Signature: _____

Prescribed Medication(s): _____

Urine Drug Test(s) To Be Ordered

Mark If Prescribed	Medication or Drug	Order Single Definitive Test	Order Immuno-assay Test	Definitive Test POS (+) NEG (-)
ALCOHOL				
<input type="checkbox"/>	Alcohol Presumptive Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ethyl Glucuronide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ethyl Glucuronide / Ethyl Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMPHETAMINES				
<input type="checkbox"/>	Amphetamine (Adderall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Methamphetamine-d/l Isomers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANTIDEPRESSANTS; OTHER				
<input type="checkbox"/>	Bupropion (Wellbutrin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Citalopram/Esitalopram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Duloxetine (Cymbalta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Fluoxetine (Prozac)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paroxetine (Paxil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Sertraline (Zoloft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Trazodone (Desyrel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Venlafaxine (Effexor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANTI-PSYCHOTICS				
<input type="checkbox"/>	Aripiprazole (Abilify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Clozapine (Clozaril)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Haloperidol (Haldol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Olanzapine (Zyprexa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Quetiapine (Seroquel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Risperidone (Risperdal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BARBITURATES				
<input type="checkbox"/>	Butabital (Florinal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pentobarbital (Nembutal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Phenobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Secobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BENZODIAZEPINES				
<input type="checkbox"/>	Alprazolam (Xanax)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Clonazepam (Klonopin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Diazepam (Valium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Lorazepam (Ativan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Oxazepam (Serax)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Temazepam (Restoril)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILLCIT SUBSTANCES				
<input type="checkbox"/>	Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Phencyclidine (PCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPIATES				
<input type="checkbox"/>	Codeine (Tylenol #3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hydrocodone (Vicodin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hydromorphone (Dilaudid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Morphine (MScotin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPIOIDS				
<input type="checkbox"/>	Fentanyl (Duragesic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Oxycodone (Oxycontin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Oxycodone (Opana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Tapentadol (Nucynta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Tramadol (Ultram)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPIOIDS, RELATED				
<input type="checkbox"/>	Buprenorphine (Suboxone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Levorphanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Meperidine (Demerol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Naloxone (Suboxone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Naltrexone (Vivitrol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STIMULANTS				
<input type="checkbox"/>	Methylphenidate (Ritalin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Phentermine (Adipax-P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SYNTHETICS, OTHER				
<input type="checkbox"/>	Bath Salts (Cathinones)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Kratom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Spice (Synthetic Cannabinoids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRICYCLIC ANTIDEPRESSANTS				
<input type="checkbox"/>	Amiraptyline (Elavil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Desipramine (Norpramin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Imipramine (Tofranil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Nortriptyline (Pamelor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER				
<input type="checkbox"/>	Acetaminophen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cansoprodol (Soma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cyclobenzaprine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dextromethorphan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Gabapentin (Neurontin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Lamotrigine (Lamictal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Nicotine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pregabalin (Lyrica)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Zolpidem (Ambien)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIMEN VALIDITY Order Test				
Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxidant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis Codes				

NOTICE: This form is for your internal use only. It is not an official requisition form and it should not be submitted to Millennium Health.

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