



HOW TO COMPLETE
**CLINICAL TEST
REQUISITION FORM**

OVERVIEW

The following overview provides information on how to complete your Clinical Test Request Form for urine and oral fluid tests. An asterisk on the form indicates a required field or data set. If the form is not filled out properly or completely, the requested test may not be processed and will result in delays.

For best results, use a ball point pen and press firmly when filling out the form. Use blue or black ink only, do not use red ink. Write legibly to prevent data entry errors.

SECTION 1: SELECT ORDERING PRACTITIONER INFORMATION

Select the Ordering Practitioner by checking the box to the left of his/her name. If the practitioner's name is not pre-printed on the form, include his/her first and last name on the line marked "Other" and his/her National Provider Identifier (NPI) in the boxes provided.

To add an Ordering Practitioner to your label, contact our Customer Service Team. If an Ordering Practitioner is not chosen from the pre-printed list or provided in the "Other" section, the requested test will be held until the information is received, resulting in delays.

1 SELECT ORDERING PRACTITIONER INFORMATION*		* Indicates a Required Field or Action
Select the ordering practitioner if multiple are listed below. Clinical specimen processing will be held until ordering practitioner information is received if not clearly identified below.		
<input type="checkbox"/> John Doe 1234567890	<input type="checkbox"/> Juan Perez 1234567890	
<input type="checkbox"/> Jane Doe 1234567890	<input type="checkbox"/> Dr. Jane Smith 1234567890	
<input type="checkbox"/> Other: _____ Practitioner First and Last Name	If Other, indicate NPI*: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 2: PROVIDE PATIENT INFORMATION

Provide patient's first and last name. Alternatively, a Patient ID may be provided instead of a first or last name. The patient's middle initial may be provided. The patient's gender and date of birth are required.

2 PROVIDE PATIENT INFORMATION		
Patient First Name* —Patient First and Last Name required if Patient ID not provided. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Patient Last Name* —Patient First and Last Name required if Patient ID not provided. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Patient ID* —Patient ID required if First and Last Name not provided. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M.I. <input type="text"/>	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth* <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
Month Day Year		

The security seal is provided on the form. Ensure the collection device or container is tightly sealed per collection device instructions. The seal should be removed from the form and placed over the top of the collection device or container. Once secured, the patient should be instructed to initial the seal.

Obtain the patient's signature and signature date. Instruct the patient to use a ball point pen and press firmly when signing and dating. This is a required field.

I certify that I provided my specimen to the collector and that I have not adulterated it in any manner. The specimen was sealed in my presence with a tamper evident seal and the information provided on this form is correct. I authorize Redwood Toxicology Laboratory to perform the tests listed and to release the results of this test to the agency or provider identified on this form or its designated agents.

Patient signature*

Date*

Enter the collector's information, including his/her name and signature. The collection date is required. Optional information that may be tracked includes collection time, whether the collection was observed, and specimen temperature. The collector remarks area is to record discrepancy in temperature or other notable information.

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SECTION 6: CHOOSE TEST REQUESTS

Choose the test(s) to be requested. This is required information. Test codes are pre-printed according to your agency's instructions. Choose one or more tests to be performed by checking the corresponding box to the left of the test code. If the required test code is not pre-printed, refer to the list of commonly ordered tests on the back of the form. Input the corresponding test code into the section marked "Other Test Requests" (additional fees may apply). Contact our Customer Service team for more information on test codes and available test options.

6 CHOOSE TEST REQUESTS*

Check the box next to the panel (or test codes) you would like to order. Testing will not be performed unless one or more requests are chosen. Verify code(s) selected are appropriate for the specimen type. For example, selecting an OF (oral fluid) code for a urine specimen will cause delays in processing.

☐ B55 - Urine 11 Panel - ALC, AMP, BUP, BZO, COC, COT, CR, ETG, MTD, OPI, THC

☐ 9539 - OF 8 Panel - ALC, AMP, BAR, BZO, COC, MTD, OPI, THC; Screen Only

☐ B35 - Urine 14 Panel - ALC, AMP, BUP, BZO, COC, CR, FEN, MTD, OPI, OXY, PCP, PH, SG, THC

☐ 5483 - Tianeptine LC-MS/MS Screen with Confirmation, Urine

Other Test Requests Additional fees may apply. See back of form for applicable terms.

OTHER INFORMATION

Information should not be entered into the area marked "Laboratory Use Only."

If you require electronic test request ordering, the ToxAccess™ website helps you reduce dependency on paper-intensive procedures through an electronic process. More information is available by contacting our Customer Service team.

**LABORATORY
USE ONLY**

Receiver's initials

Date

Seal Intact?

☐ YES ☐ NO

Specimen released to:
Temporary Storage

Testing conducted by Redwood Toxicology Laboratory, Inc., a wholly owned subsidiary of Abbott.
3650 Westwind Blvd. Santa Rosa, CA 95403 | Phone: 800-225-2159 | Fax: 707-577-0365

Laboratory Copy—Include with specimen when shipping.

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT
CUSTOMER SERVICE AT (800) 255-2159, OPTION 4
OR SALESDESK@REDWOODTOXICOLOGY.COM**