Date: ____________________________

Group # ________________________________

Insured's Employer ________________________________

Unit # ________________________________

Received by ________________________________

Referred by ________________________________

I authorize Yale-New Haven Hospital to directly pay Yale-New Haven Hospital for the service rendered.

For Placement of Bar Code Label

This requisition serves as documentation that these services were ordered by a health care professional authorized to order laboratory tests and are medically necessary. Documentation of medical necessity is contained within the healthcare professional's patient records. The signature of the ordering healthcare provider and diagnosis information (Diagnosis Code(s)) or narrative are required.

Authorizing Physician Signature

I authorize YNHHC to release information received, including without limitation, medical information, which includes laboratory test results, to my health plan/insurance carrier, and its authorized representatives. I further authorize my health plan/insurance carrier to directly pay Yale-New Haven Hospital for the service rendered.

X

Brian Smith, M.D. Director - CLIA#0700096565 State of CT reg#6-2011

F4950 (Rev 12/15)
Urine Toxicology Notes

Drawstations Locations

**Norwalk Drawstation**
Pediatric Specialty Center
747 Belden Avenue
Norwalk, CT 06850
203-750-1999
Fax: 203-287-8351
203-287-8350
North Haven, CT 06473
6 Devine Street
North Haven Drawstation
Closed: 12:30 - 1 PM
Hours: M-F 7 AM - 5:30 PM
Fax: 203-688-8064
203-688-1009
New Haven, CT 06511
150 Sargent Drive
Long Wharf Drawstation
Closed: 12:30 - 1 PM
M-F 8 AM - 4:30 PM
Fax: 203-750-1957
203-750-1999
Norwalk, CT 06850
747 Belden Avenue
Pediatric Specialty Center
Closed: 12:30 - 1:30 PM
M-F 7 AM - 5 PM
Fax: 203-287-6124
203-287-6123
North Haven, CT 06473
6 Devine Street
North Haven Drawstation
Closed: 12:30 - 1 PM
M-F 7 AM - 5:30 PM
Fax: 203-389-7560
203-389-7213
New Haven, CT 06515
317 Foxon Road
East Haven Drawstation
Closed: 12:30 - 1 PM
M-F 7 AM - 5:30 PM
Fax: 203-466-5559
203-466-1459
East Haven, CT 06512
317 Foxon Road
East Haven Drawstation
Closed: 12:30 - 1 PM
M-F 7 AM - 5:30 PM
Fax: 203-466-6508
203-466-1459
East Haven, CT 06512

**Reflection Testing**

**HBsAg w/ reflex:** HBeAg and anti-HBe done if HBsAg positive to assess infectivity. Anti-HBc total done if HBsAg positive to confirm specificity. Neutralization of positive samples done if necessary (i.e. first positive, low positive, and/or anti-HBc total negative)

**anti-HBc total w/ reflex:** anti-HBc IgM done if anti-HBc total positive

**HCV Ab w/ reflex:** HCV RIBA done if HCV EIA low positive.

**HSV/VZV DFA w/ reflex culture:** Culture done if DFA negative

**CBC / differential reflex:** Manual differential / smear review done for abnormal CBC

**Definition of Panels**

- **Electrolyte Panel:** Na,K,Cl,CO2
- **Hepatic Function:** Alb, Globulin, AST, ALT, ALK, Phos, Bilirubin, Bilirubin D, T Protein
- **Basic Metabolic:** Na,K, Ca, Cl, CO2, Glucose BUN, Creatinine
- **Comp Metabolic:** Na,K,Cl,CO2, Glucose, Ca, BUN, Creatinine, T Protein, Alb, Globulin, AST, Alk Phos, Bilirubin D, T ALT
- **Lipid Panel:** Cholesterol, Triglyceride, LDL, HDL, LDL Calculation
- **Acute Hepatitis Panel:** anti-HAV IgM, anti-HBc total w/ reflex, HBsAg w/ reflex, anti-HCV
- **Chronic Hepatitis Panel:** HBsAg w/ reflex, anti-HBs, anti-HBc total w/ reflex, anti-HCV
- **Hepatitis B Panel:** HBsAg, anti-HBc total w/ reflex, anti-HBs
- **Lupus Anticoagulant Panel:** RPR, PTT, Phospholipid Neutralization, if PTT abnormal reflex to Protein S, free and total Antigens
- **Mixing Study**
- **Hypercoagulable Panel:** APC Resistance, Antithrombin 3, Protein C, Protein S, functional - if abnormal reflex to Protein S, free and total Antigens
- **vWF Panel:** vWF:Ag, Ristocetin Cofactor, FVIII activity
- **Coagulation factors available are Factors II, V, VII, VIII, IX, X, XII**
- **Blood Parasites:** Malaria (MAL), Babesia (PBAB), Ehrlichia (PEHR), includes smear review

(1) **Urine Toxicology Notes**

- **Requires 30 ml of urine**
- **Urine Drugs of Abuse Panel:** Amphetamine group*, Barbiturates*, Benzodiazepines, Cocaine Metabolites*, Methadone*, Opiates*, Oxycodone and PCP*
  
  † Positive results of these drugs are confirmed by additional testing. If confirmation of benzodiazepines is desired, please contact the Laboratory (688-2444).

  † Opiate assay detects morphine and codeine with high sensitivity but does not routinely detect therapeutic levels of oxycodone. However, a sensitive and specific assay for oxycodone is included in the panel. For additional qualitative evaluation of opiate exposure, please contact the Laboratory (688-2444).

  * More comprehensive toxicology testing services are available. For additional information, please contact the Laboratory (688-2444).

  † No chain of custody provided, results are intended for medical purposes only.

(2) **HIV RNA (ultrasensitive)**

- **Use if patient on treatment and standard PCR <400 copies**