

# Sunrise Clinical Laboratories Inc.



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STAT      RANDOM

<b>Patient Name:</b>		<b>M</b>	<b>F</b>	<b>Phone #:</b>
<b>Patient Address:</b>		<b>City:</b>		
<b>State:</b>	<b>Zip Code:</b>	<b>Date Collected:</b>		<b>Drawer:</b>
		<b>AM</b>	<b>PM</b>	
<b>ICD-9 CODES:</b>				

**PLEASE ATTACH COPY OF THE FRONT AND BACK OF THE RESPONSIBLE PARTY'S INSURANCE OR MEDICARE CARD  
 PLEASE ATTACH PATIENT DEMOGRAPHICS WITH TEST REQUEST**

**ANALYSIS REQUESTED**

**CURRENT PRESCRIBED MEDICATIONS**

COMPREHENSIVE DRUG PANEL W/ILLCITS  
 COMPREHENSIVE DRUG PANEL  
 ILLICITS ONLY  
 OTHER \_\_\_\_\_

**NO DRUG PRESCRIBED**

**ANTICONVULSANTS**

CARBAMAZEPINE (CARBATROL, TEGRETOL)	OXACRBAZEPINE (TRILEPTAL)
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**ANTIDEPRESSANTS**

AMITRIPTYLINE (ELAVIL)	FLOUXETINE (PROZAC)	TRAZODONE (DESIREL)
BUPROPINON (WELLBUTRIN)	IMIPRAMINE (TOFRANIL)	VENLAFAXINE (EFFEXOR)
CITALOPRAM (CELEXA, CIPRAMIL)	NORTRIPTYLINE (AVANTYL, PAMELOR)	
DOXEPIIN (ADAPINE)	SERTALIN (ZOLOFT)	

**BARBITURATES**

AMOBARBITAL (AMITAL SOD)	BUTALBITAL (HEXOBARBITAL)	PENTOBARBITAL (NEMBUTAL)
BUTABARBITAL (BUTISOL)	HEXOBARBITAL (CITOPAM)	PHENOBARBITAL (DONNATAL)

**BENZODIAZEPINES**

ALPRAZOLAM (XANAX)	FLURAZEPAM (DALMANE)	OXAZEPAM (SERAX)
DIAZEPAM (VALIUM, VALRELEASE)	LORAZEPAM (ATIVAN)	TEMAZEPAM (RESTORIL)
FLUNITRAZEPAM (RONYPNOL)	MIDAZOLAM (VERSED)	TRIAZOLAM (HALCION)
CLONAZEPATE (CLONOPIN, KLONOPIN, RIVOTRIL)	NORDIAZEPAM (CALMDAY)	

**NARCOTICS / OPIATES**

BUPRENORPHINE (BUPRENEX, SUBOXONE, SUBOTEX)	HYDROMORPHONE (DILAUID)	OXYMORPHONE (NUMORPHAN)
BUTORPHANOL (STADOL)	KETAMINE (KETALAR)	PENTAZOCINE (TALACEN)
CODEIN (TYLENOL 2,3,4, FIORICET W/CODEIN)	MEPERIDINE (DEMEROL, MEPERGAN)	TAPENTADOL (NUCYNTA)
FANTANYL (ACTIQ, DURAGESIC (PATCH))	METHADONE (DOLOPHINE)	TRAMADOL (ULTRAM)
HEROIN (DIAMORPHINE)	MORPHINE (MS CONTIN, KADIAN)	
HYDROCODONE (VICODIN & ES, NORCO)	OXYCODONE (OXYCONTIN, PERCOCENT)	

**SEDATIVES / HYPNOTICS**

ZOLPIDEM  
(AMBIEN)

**STIMULANTS / ILLCITS /THC / OTHER**

AMPHETAMINE	MDA	METHYLPHENIDATE
COCAINE	MDEA	NICOTINE
METHAMPHETAMINE	MDMA	THC (CANNABINOIDS)

**POINT OF CARE TEST RESULTS**

CONFIRMATION OF NEGATIVES WILL PROVIDE LOWER CUTOFF TESTING RESULTS AND QUALIFY CONTROL FOR POINT-OF-CARE TEST SUNRISE LAB WILL CONFIRM ALL POSITIVE RESULTS AND WILL CONFIRM NEGATIVE RESULT UPON REQUEST.

**CONFIRM ALL NEGATIVES**

	NOT TESTED	POSITIVE	NEGATIVE	CONFIRM NEGATIVE
AMP / AMPHETAMINES				
BAR / BARBITURATES				
BZD or BZO / BENZODIAZEPINES				
COC / COCAIN				
EtHO / ALCOHOL				
MDMA OR XTC				
MDT / METHDON				
MET / METHAQUALONE				
OPI, MOP, or MOR / OPIATES				
OXY / OXYCODONE				
PCP / PHENCYCLIDINE				
PROP / PROPOXYPHENE				
TCA / TRICYCLIC ANTIDEPRESSANTS				
THC / MARIJUANA				

**AUTHORIZATION**

I certify that i have voluntary provided a fresh and unadulterated urine specimen for analytical testing. The information provided on this form and on the label affixed to the specimen bottel is accurate. I authorize Sunrise Lab to release the results of this test to the ordering institution.

I hereby authorize my insurance benefits to be paid directly to Sunrise Lab for services i resived. I acknowledge that Sunrise Lab may be out-of-network facility with my insurance provider. I am also aware that in some circumstances my my insurance provider will send the payment directly to me. Under California Law, I agree to endorse the insurance check and forward it to Sunrise Lab within 30 days of receipt. Failure to do so may result in my account being forwarded to Collection and reported to a credit Bureau.

I consent to Sunrise Lab using my specimen and results, but not my personal information (Name, SSN, etc.) for research, development and potential publication purposes.

**Patient Signature** \_\_\_\_\_ **aa Date:** \_\_\_\_\_

I HWEREBY CERTIFY THAT THE ABOVE ORDERED TEST(S) IS (ARE) MEDICALLY NECESSARY FOR THIS PATIENT.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_