



Toxicology
Practice and
Procedure
Handbook

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LABORATORY REQUISITION PROTOCOL

1. Ordering Physician

Dynix Diagnostix provides preprinted order forms containing the account's address and providers' names. Please check the name of the provider ordering the test, or write the provider's name if it's not listed.

2. Patient Information

Record the patient's information, including their name, address, phone number, date of birth, social security number and email address where available. Also mark the patient's insurance type. Fill out the applicable fields on the security label as well.

3. Diagnosis Codes

Record the appropriate diagnosis codes for the patient's condition.

4. Test(s) Requested

Please record the test(s) ordered for each patient. Either check the appropriate test box or write in the desired test(s).

5. Collection Information

Mark the sample type (urine or oral fluid), time and date collected and collector's name. Also, if a point of care drug testing device or analyzer is used, please mark the results of these tests as either positive or negative. Aeon will provide the results of these tests on the final report.

6. Current Prescribed and OTC Medications

Please mark the patient's current prescribed and over-the-counter (OTC) medications or write them in the blank spaces. If the patient is not prescribed any drugs, please check "No Drugs Prescribed."

7. Physician Signature

Please have the ordering physician sign the bottom of the form. No signature is necessary if it is on file with Aeon.

Please complete lab request form in its entirety.
Fill out genetic lab order form following these instructions:

Patient Information

Have patient or collector fill out patient information. This includes the first and last name, address, phone, sex and date of birth. Also check the type of insurance the patient has. Also fill out the patient name, date of birth and collector name on the duplicate labels that will be applied to the Tox collection cups. Finally, have the patient sign the Patient Signature line.

Collection Information

Fill in the time collected, date collected and name of collector.

ICD-10 Diagnosis Code(s)

Please enter the relevant ICD-10 diagnosis code or codes.

Physician signature

Please have provider sign and date the order form. If the provider signature is on file with Dynix Diagnostix, there is no need to sign the form.

Toxicology Laboratory Request
T60000

Dynix Diagnostix
 2260 N US Highway 1
 Fort Pierce, FL 34946
 Phone: (844) 514-8158 - dynixdiagnostix.com

CLINIC/PHYSICIAN INFORMATION		
PATIENT'S / INSURANCE INFORMATION		
Last Name: _____ First Name: _____ MI: _____ D.O.B.: ____/____/____ M <input type="checkbox"/> F <input type="checkbox"/> XXX / XX / ____ <small>Last 4 digits of SSN</small>		
Address: _____		
City, State, ZIP: _____		
Phone Number: _____		
Insurance: _____		
Policy Number: _____	Group Number: _____	
<input type="checkbox"/> Insurance <input type="checkbox"/> Patient Pay		
PLEASE ATTACH COPY OF PATIENT FACE SHEET AND INSURANCE CARD		
SPECIMEN DATA		
<input type="checkbox"/> Urine <input type="checkbox"/> Oral Swab		
Date Collected: ____/____/____ Time: ____:____ AM PM		
Collector Name: _____		
PATIENT'S PRESUMPTIVE POC RESULTS		
<small>Please check if initial POC drug screen was performed and failed to the insurance company</small>		
	POC RESULTS POS (+)	POC RESULTS NEG (-)
MARIJUANA (THC)	<input type="checkbox"/>	<input type="checkbox"/>
COCAINE (COC)	<input type="checkbox"/>	<input type="checkbox"/>
OPiates (OPI)	<input type="checkbox"/>	<input type="checkbox"/>
AMPHETAMINES (AMP)	<input type="checkbox"/>	<input type="checkbox"/>
METHAMPHETAMINE (MET)	<input type="checkbox"/>	<input type="checkbox"/>
PHENCYCLIDINE (PCP)	<input type="checkbox"/>	<input type="checkbox"/>
ECSTASY (MDMA)	<input type="checkbox"/>	<input type="checkbox"/>
BARBITURATES (BAR)	<input type="checkbox"/>	<input type="checkbox"/>
BENZODIAZEPINES (BZQ)	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE (MTD)	<input type="checkbox"/>	<input type="checkbox"/>
TRICYCLIC/ANTIDEPRESSANTS (TCA)	<input type="checkbox"/>	<input type="checkbox"/>
OXYCODONE (OXY)	<input type="checkbox"/>	<input type="checkbox"/>
BUPRENORPHINE (BUP)	<input type="checkbox"/>	<input type="checkbox"/>
ICD-10 DIAGNOSIS CODE(S)		
_____ _____		
PHYSICIAN AUTHORIZATION:		
I authorize the laboratory test(s) as ordered, and affirm that each are both medically necessary and correspond to the patient's diagnosis as submitted to the laboratory for testing. I understand that each test I order is a billable event, and the patient's medical record(s) must clearly reflect my order.		
Ordering Physician Signature (Required)	Date	
_____	_____	
PATIENT AUTHORIZATION:		
I voluntarily consent to the collection and testing of my specimen. I understand that I am responsible for all co-pays, deductibles, and amounts not covered by my insurance. I assign to Dynix Diagnostix, LLC all insurance payment(s) made for any laboratory services provided to me and direct same to represent me in any grievances or appeals process relating to the payment of these laboratory services. I consent to the release of any medical records necessary to process any insurance claim(s).		
Patient Signature (Required)	Date	
_____	_____	
PATIENT PRESCRIBED MEDICATIONS - Attach list if necessary		
_____ _____		
OTHER TESTS TO PERFORM		
<input type="checkbox"/> SPECIMEN VALIDITY <input type="checkbox"/> PREGNANCY (HCG)		
SCREENING/PRESUMPTIVE TESTING		
<input type="checkbox"/> PERFORM PRESUMPTIVE IMMUNOASSAY DRUG TEST AND CONFIRM ALL POSITIVES AND PRESCRIBED MEDICATIONS <input type="checkbox"/> PERFORM PRESUMPTIVE IMMUNOASSAY DRUG TEST ONLY		
CONFIRMATION/DEFINITIVE LC-MS/MS TESTING		
<input type="checkbox"/> PERFORM DEFINITIVE TEST FOR DRUG CLASS OR SPECIFIC DRUG(S)		
<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MUSCLE RELAXANTS	<input type="checkbox"/> OTHER ILLICITS
<input type="checkbox"/> Ethyl Glucuronide	<input type="checkbox"/> Carisoprodol	<input type="checkbox"/> MDMA
<input type="checkbox"/> Ethyl Sulfate	<input type="checkbox"/> Meperobamate	<input type="checkbox"/> MDA
<input type="checkbox"/> ANTICONGULANTS/ OTHER MEDS	<input type="checkbox"/> Cyclobenzaprine	<input type="checkbox"/> Benzoylcegonine
<input type="checkbox"/> Gabapentin	<input type="checkbox"/> Nicotine	<input type="checkbox"/> Cocaine* (Cocaine Metabolite)
<input type="checkbox"/> Pregabalin	<input type="checkbox"/> Cotinine	<input type="checkbox"/> Cocaine*
<input type="checkbox"/> Levacetarolam	<input type="checkbox"/> Morphine	<input type="checkbox"/> PCP
<input type="checkbox"/> BARBITURATES	<input type="checkbox"/> OPIATES/SPIDDS	<input type="checkbox"/> SLEEP AIDS
<input type="checkbox"/> Phenobarbital	<input type="checkbox"/> Oxycodone	<input type="checkbox"/> Zolpidem
<input type="checkbox"/> Butalbital	<input type="checkbox"/> Hydromorphone	<input type="checkbox"/> Zolpidem metabolite
<input type="checkbox"/> Amo/Pentobarbital	<input type="checkbox"/> Codeine	<input type="checkbox"/> Zolpidem*
<input type="checkbox"/> Secobarbital	<input type="checkbox"/> Noroxycodone	<input type="checkbox"/> STIMULANTS
<input type="checkbox"/> BATH SALTS	<input type="checkbox"/> Hydrocodone	<input type="checkbox"/> Methamphetamine
<input type="checkbox"/> MDMP	<input type="checkbox"/> Norhydrocodone	<input type="checkbox"/> Amphetamine
<input type="checkbox"/> Methylene	<input type="checkbox"/> Oxycodone	<input type="checkbox"/> Methylphenidate
<input type="checkbox"/> Pentidone	<input type="checkbox"/> Hydrocodone	<input type="checkbox"/> Ritalinic Acid
<input type="checkbox"/> Mephedrone metabolite	<input type="checkbox"/> 6-MAM (Heroin Metabolite)	<input type="checkbox"/> Phenylamine
<input type="checkbox"/> Alpha-PVP	<input type="checkbox"/> Tramadol	<input type="checkbox"/> Methamphetamine
<input type="checkbox"/> Alpha-PVP metabolite	<input type="checkbox"/> O-Desmethyltramadol	<input type="checkbox"/> Amphetamine
<input type="checkbox"/> BENZODIAZEPINES	<input type="checkbox"/> EDDP (Methadone Metabolite)	<input type="checkbox"/> Tricyclics/ ANTIDEPRESSANTS
<input type="checkbox"/> Alpha-Hydroxy	<input type="checkbox"/> Meperidine	<input type="checkbox"/> Amitriptyline
<input type="checkbox"/> Alprazolam	<input type="checkbox"/> Norepinephrine	<input type="checkbox"/> Nortriptyline
<input type="checkbox"/> 7-Amino Clonazepam	<input type="checkbox"/> Tapentadol	<input type="checkbox"/> Imipramine
<input type="checkbox"/> Lorazepam	<input type="checkbox"/> Desmethyl Tapentadol	<input type="checkbox"/> Nortriptyline
<input type="checkbox"/> Oxazepam	<input type="checkbox"/> Propoxyphene	<input type="checkbox"/> Desipramine
<input type="checkbox"/> Temazepam	<input type="checkbox"/> Norfentanyl	<input type="checkbox"/> Fluoxetine
<input type="checkbox"/> Nordiazepam	<input type="checkbox"/> Propoxyphene	<input type="checkbox"/> Doxepin
<input type="checkbox"/> Diazepam	<input type="checkbox"/> Norpropoxyphene	<input type="checkbox"/> Desmethyl Citalopram
<input type="checkbox"/> Flunitrazepam	<input type="checkbox"/> Sulfentanil	<input type="checkbox"/> Desmethyl Venlafaxine
<input type="checkbox"/> Alpha-Hydroxy	<input type="checkbox"/> Naltrexone	<input type="checkbox"/> Carbamazepine-10, 11-Epoide
<input type="checkbox"/> Midazolam	<input type="checkbox"/> Buprenorphine*	<input type="checkbox"/> Carbamazepine
<input type="checkbox"/> Alprazolam*	<input type="checkbox"/> Buprenorphine-glucuronide	<input type="checkbox"/> Hydroxy Bupropion
<input type="checkbox"/> Clonazepam	<input type="checkbox"/> Nortriptyline-glucuronide	<input type="checkbox"/> Sertraline
<input type="checkbox"/> CANNABINOIDS	<input type="checkbox"/> OTC PAIN MEDICATIONS	<input type="checkbox"/> Other
<input type="checkbox"/> THC_COOH	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Desomorphine
<input type="checkbox"/> THC*	<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Duloxetine
<input type="checkbox"/> KAVA	<input type="checkbox"/> Pseudoephedrine	<input type="checkbox"/> Lamotrigine
<input type="checkbox"/> Dihydrokavain	<input type="checkbox"/> SYNTHETIC CANNABINOIDS	<input type="checkbox"/> Oxcarbazepine
<input type="checkbox"/> KRATOM	<input type="checkbox"/> JWH-250 metabolite	<input type="checkbox"/> 10,11-Dihydro-10-hydroxy Carbamazepine
<input type="checkbox"/> 7-Hydroxymitragynine	<input type="checkbox"/> JWH-73 metabolite	<input type="checkbox"/> *ORAL SWAB ONLY

Account Information

The account information including address and provider information will be prepopulated. Please check the slot by name of provider ordering test.

Tests Requested

Please check off the toxicology test profile requested. Description of the genes tested in each panel are available in a separate sheet.

Current Prescribed and OTC Medications

Check the patient's current prescribed and OTC medications from the list. If a medication is not listed, either attach a separate sheet or write it in the provided blank lines.

URINE COLLECTION AND SHIPMENT PROTOCOL

1. Provide Specimen Cup

Please give patient a urine specimen cup. Check to make sure the cup has not been opened by looking at the cup closure.

2. Collect Urine

Ask the patient to urinate into cup and then return cup with the lid fully closed. Check to make sure the lid is fastened securely. Dynix Diagnostix needs a volume of 10 ml or more of urine for testing.

3. Seal Cup

First check to make sure lid on specimen cup is seated properly and is closed tightly. Second, apply the filled peel-off label provided by Dynix Diagnostix onto the top of the cap and over onto sides of the container to secure the lid.



4. Label Cup and Peel-Off Label

Label the specimen cup with patient's name and date of birth. Have patient and collector sign their initials to the security seal and include the time of collection on the security seal label.

Patient Signature: _____ Date: _____

Time: _____ Date: _____

Collector Initials: _____ Patient Initials: _____

PEEL [Place Over Cup]

5. Place Cup in Specimen Bag

Place the sealed specimen container into an individual specimen bag and seal the bag. Place white copy of Dynix Diagnostix Requisition Form into outer pouch of the specimen bag. Also, place copies of both the front and back of the patient's insurance card into this pouch along with any demographics sheets.



6. Place Cups in Liner Bag

Place the packed specimen bags containing cups and paperwork into provided leak proof liner bag. The liner bag will hold approximately 12 specimen bag packages. Seal liner bag.



7. Package Liner Bag

Package the sealed liner bag into a UPS Clinical Pack bag and seal the adhesive top. Once sealed, pack the Clinical Pack into a Large UPS Express Box and seal box. Apply a prepaid UPS return label onto the outside of the box.

8. Schedule Pickup

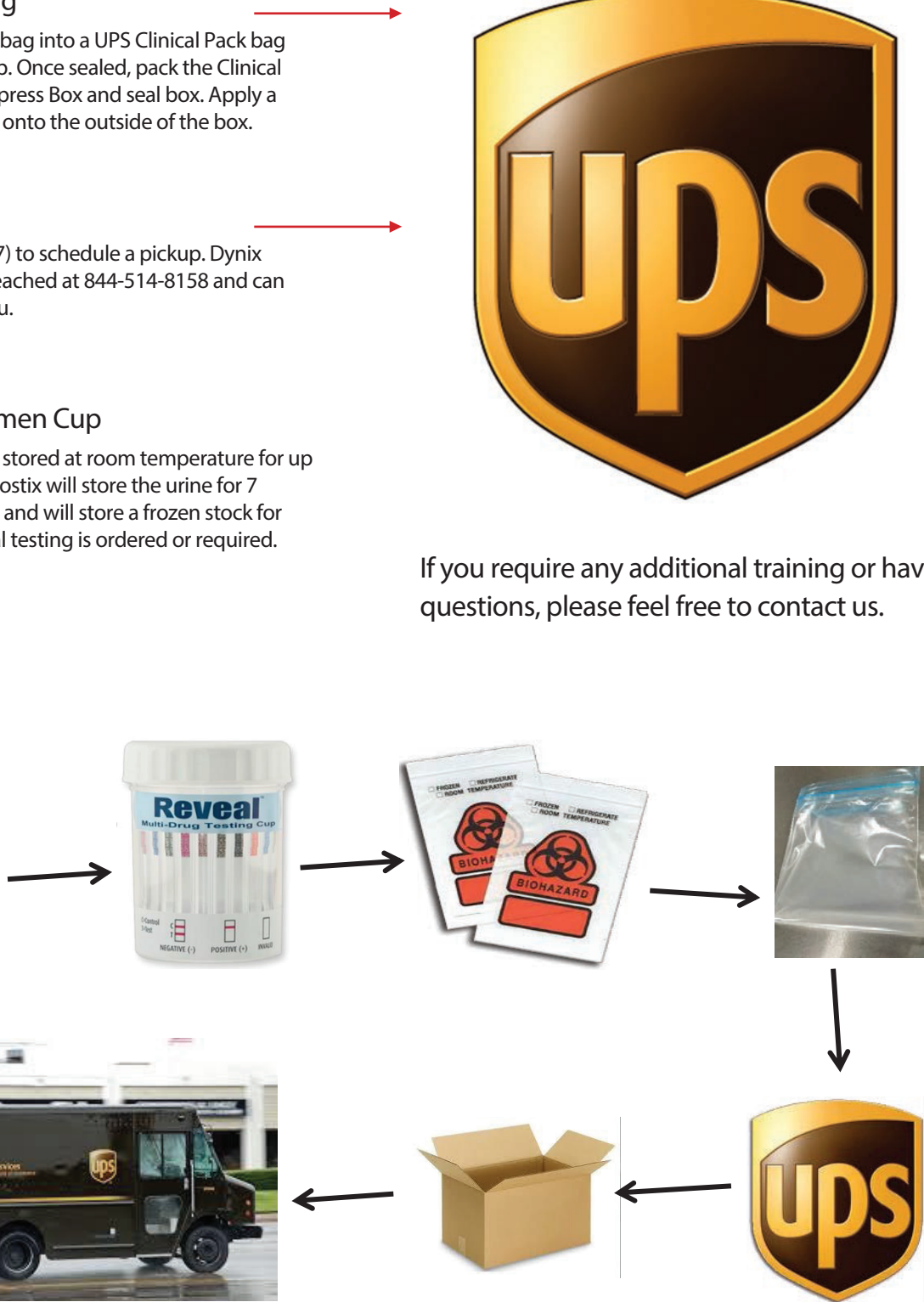
Call UPS (1-800-742-5877) to schedule a pickup. Dynix Diagnostix can also be reached at 844-514-8158 and can schedule a pickup for you.

9. Storage of Specimen Cup

The urine sample can be stored at room temperature for up to 48 hours. Dynix Diagnostix will store the urine for 7 days after testing at 4 oC and will store a frozen stock for 120 days if any additional testing is ordered or required.



If you require any additional training or have any questions, please feel free to contact us.





**Drug Confirmation Tested by LC/MS/MS
Composite Panels**

Opiates/Opioids

6-MAM
Buprenorphine
Codeine
Desmethyltapentadol
EDDP
Fentanyl
Hydrocodone
Hydromorphone
Methadone
Morphine
Norbuprenorphine
Norfentanyl
Noroxycodone
Norpropoxyphene
O-Desmethyltramadol
Oxycodone
Oxymorphone
Propoxyphene
Tapentadol
Tramadol

Nicotine

Cotinine

Stimulants

Amphetamine
Methamphetamine

Alcohol

Ethyl Glucuronide
Ethyl Sulfate

Tricyclics/Antidepressants

Amitriptyline
Desipramine
Desmethylcitalopram
Doxepin
Fluoxetine
Hydroxybupropion
Imipramine
Nortriptyline
Sertraline

Muscle Relaxants

Carisoprodol
Cyclobenzaprine
Meprobamate

Sedatives

Zaleplon
Zolpidem
Zolpidem 6-Carboxylic

Unspecified Illicits

7-Hydroxymitragynine
Benzoylecgonine
PCP

Benzodiazepines

7-Aminoclonazepam
Alpha-Hydroxyalprazolam
Alprazolam
Diazepam
Lorazepam
Nordiazepam
Oxazepam
Temazepam

Barbituates

Butalbital
Pentobarbital
Phenobarbital
Secobarbital

Cannabinoids

JWH 18 4-OH Pentyl
JWH 250-4-OH Pentyl
JWH 73 3-OH Butyl
THC-COOH (THCA)

Ecstasy Analogs

MDA
MDEA
MDMA
Methylone

Other Pharmaceuticals

Carbamazepine
Dextromethorphan
Gabapentin
Levetiracetam
Pregabalin

Cathinones

Alpha PVP
MDPV
Methedrone
Pentedrone
Pentedrone norephedrine



**Drug Confirmation Tested by LC/MS/MS
Composite Panels**

Opiates/Opioids

6-MAM
Buprenorphine
Codeine
Desmethyltapentadol
EDDP
Fentanyl
Hydrocodone
Hydromorphone
Methadone
Morphine
Norbuprenorphine
Norfentanyl
Noroxycodone
Norpropoxyphene
O-Desmethyltramadol
Oxycodone
Oxymorphone
Propoxyphene
Tapentadol
Tramadol

Nicotine

Cotinine

Stimulants

Amphetamine
Methamphetamine

Alcohol

Ethyl Glucuronide
Ethyl Sulfate

Tricyclics/Antidepressants

Amitriptyline
Desipramine
Desmethylcitalopram
Doxepin
Fluoxetine
Hydroxybupropion
Imipramine
Nortriptyline
Sertraline

Muscle Relaxants

Carisoprodol
Cyclobenzaprine
Meprobamate

Sedatives

Zaleplon
Zolpidem
Zolpidem 6-Carboxylic

Unspecified Illicits

7-Hydroxymitragynine
Benzoylcegonine
PCP

Benzodiazepines

7-Aminoclonazepam
Alpha-Hydroxyalprazolam
Alprazolam
Diazepam
Lorazepam
Nordiazepam
Oxazepam
Temazepam

Barbituates

Butalbital
Pentobarbital
Phenobarbital
Secobarbital

Cannabinoids

JWH 18 4-OH Pentyl
JWH 250-4-OH Pentyl
JWH 73 3-OH Butyl
THC-COOH (THCA)

Ecstasy Analogs

MDA
MDEA
MDMA
Methylone

Other Pharmaceuticals

Carbamazepine
Dextromethorphan
Gabapentin
Levetiracetam
Pregabalin

Cathinones

Alpha PVP
MDPV
Methedrone
Pentedrone
Pentedrone norephedrine



Commonly Used ICD-10 Codes for Toxicology Testing

General Guidelines: All urine drug testing codes should be accompanied by the ICD-10 code(s) describing the patient's primary reason for being treated.

Pain Management Codes

Z79.891	Long term (current) use of opiate analgesic Note: If methadone use for heroin addiction – Use with F11-F19 codes
Z79.899	Other long term (current) drug therapy Note: Any therapeutic drug level monitoring – Z51.81 If drug abuse and dependence – Use with F11-F19 codes
Z79.3	Long term (current) use of hormonal contraceptives Long-term (current) use of other medications Note: These codes (Z79.891, Z79.899, and Z79.3) MUST be accompanied by a primary billing code for a related injury or illness
M54.89	Other dorsalgia
M54.9	Dorsalgia, unspecified
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region
M54.11	Radiculopathy, occipito-atlanto-axial region
M79.609	Pain in unspecified limb
M79.601	Pain in right arm
M79.602	Pain in left arm
M79.603	Pain in arm, unspecified
M79.604	Pain in right leg
M79.605	Pain in left leg
M79.606	Pain in leg, unspecified
M79.621	Pain in right upper arm
M79.622	Pain in left upper arm
M79.629	Pain in unspecified upper arm
M79.631	Pain in right forearm
M79.632	Pain in left forearm
M79.639	Pain in unspecified forearm
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.643	Pain in unspecified hand

M79.644	Pain in right finger(s)
M79.645	Pain in left finger(s)
M79.646	Pain in unspecified finger(s)
M79.651	Pain in right thigh
M79.652	Pain in left thigh
M79.659	Pain in unspecified thigh
M79.661	Pain in right lower leg
M79.662	Pain in left lower leg
M79.669	Pain in unspecified lower leg
M79.671	Pain in right foot
M79.672	Pain in left foot
M79.673	Pain in unspecified foot
M79.674	Pain in right toe(s)
M79.675	Pain in left toe(s)
M79.676	Pain in unspecified toe(s)
M54.2	Cervicalgia
M96.1	Postlaminectomy syndrome, not elsewhere classified
M25.569	Pain in unspecified knee
M25.561	Pain in right knee
M25.562	Pain in left knee
M75.30	Calcific tendinitis of unspecified shoulder
M75.40	Impingement syndrome of unspecified shoulder
M75.80	Other shoulder lesions, unspecified shoulder
M25.711	Osteophyte, right shoulder
M25.712	Osteophyte, left shoulder
M25.719	Osteophyte, unspecified shoulder
M75.31	Calcific tendinitis of right shoulder
M75.32	Calcific tendinitis of left shoulder
M75.41	Impingement syndrome of right shoulder
M75.42	Impingement syndrome of left shoulder
M75.81	Other shoulder lesions, right shoulder
M75.82	Other shoulder lesions, left shoulder
M75.90	Shoulder lesion, unspecified, unspecified shoulder
M75.91	Shoulder lesion, unspecified, right shoulder
M75.92	Shoulder lesion, unspecified, left shoulder
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M54.5	Low back pain
M48.06	Spinal stenosis, lumbar region
M48.07	Spinal stenosis, lumbosacral region
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.33	Osseous stenosis of neural canal of lumbar region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.63	Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region
Z51.81	Encounter for therapeutic drug level monitoring
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region

M54.17	Radiculopathy, lumbosacral region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region

Counseling Services

Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.42	Counseling for family member of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser
Z71.52	Counseling for family member of drug abuser
Z71.6	Tobacco abuse counseling

Pregnancy Codes

Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.02	Encounter for supervision of normal first pregnancy, second trimester
Z34.03	Encounter for supervision of normal first pregnancy, third trimester
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.81	Encounter for supervision of other normal pregnancy, first trimester
Z34.82	Encounter for supervision of other normal pregnancy, second trimester
Z34.83	Encounter for supervision of other normal pregnancy, third trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester

Mental and Behavioral Disorders due to use of Alcohol

F10.0	Acute intoxication
F10.1	Harmful use
F10.2	Dependence syndrome
F10.3	Withdrawal state
F10.4	Withdrawal state with delirium
F10.5	Psychotic disorder
F10.6	Amnesic syndrome
F10.7	Residual and late-onset psychotic disorder
F10.8	Other mental and behavioral disorders
F10.9	Unspecified mental and behavioral disorder

Mental and Behavioral Disorders due to use of Opioids

F11.0	Acute intoxication
F11.1	Harmful use
F11.2	Dependence syndrome
F11.3	Withdrawal state
F11.4	Withdrawal state with delirium
F11.5	Psychotic disorder
F11.6	Amnesic syndrome
F11.7	Residual and late-onset psychotic disorder

- F11.8 Other mental and behavioral disorders
- F11.9 Unspecified mental and behavioral disorder

Mental and Behavioral Disorders due to use of Cannabinoids

- F12.0 Acute intoxication
- F12.1 Harmful use
- F12.2 Dependence syndrome
- F12.3 Withdrawal state
- F12.4 Withdrawal state with delirium
- F12.5 Psychotic disorder
- F12.6 Amnesic syndrome
- F12.7 Residual and late-onset psychotic disorder
- F12.8 Other mental and behavioral disorders
- F12.9 Unspecified mental and behavioral disorder

Mental and Behavioral Disorders due to use of Sedatives/Hypnotics

- F13.0 Acute intoxication
- F13.1 Harmful use
- F13.2 Dependence syndrome
- F13.3 Withdrawal state
- F13.4 Withdrawal state with delirium
- F13.5 Psychotic disorder
- F13.6 Amnesic syndrome
- F13.7 Residual and late-onset psychotic disorder
- F13.8 Other mental and behavioral disorders
- F13.9 Unspecified mental and behavioral disorder

Mental and Behavioral Disorders due to use of Cocaine

- F14.0 Acute intoxication
- F14.1 Harmful use
- F14.2 Dependence syndrome
- F14.3 Withdrawal state
- F14.4 Withdrawal state with delirium
- F14.5 Psychotic disorder
- F14.6 Amnesic syndrome
- F14.7 Residual and late-onset psychotic disorder
- F14.8 Other mental and behavioral disorders
- F14.9 Unspecified mental and behavioral disorder

Mental and Behavioral Disorders due to use of Stimulants

- F15.0 Acute intoxication
- F15.1 Harmful use
- F15.2 Dependence syndrome
- F15.3 Withdrawal state
- F15.4 Withdrawal state with delirium
- F15.5 Psychotic disorder
- F15.6 Amnesic syndrome
- F15.7 Residual and late-onset psychotic disorder
- F15.8 Other mental and behavioral disorders
- F15.9 Unspecified mental and behavioral disorder

Mental and Behavioral Disorders due to use of Hallucinogens

- F16.0 Acute intoxication
- F16.1 Harmful use
- F16.2 Dependence syndrome
- F16.3 Withdrawal state
- F16.4 Withdrawal state with delirium
- F16.5 Psychotic disorder
- F16.6 Amnesic syndrome
- F16.7 Residual and late-onset psychotic disorder
- F16.8 Other mental and behavioral disorders
- F16.9 Unspecified mental and behavioral disorder

Mental and Behavioral Disorders due to use of Tobacco

- F17.0 Acute intoxication
- F17.1 Harmful use
- F17.2 Dependence syndrome
- F17.3 Withdrawal state
- F17.4 Withdrawal state with delirium
- F17.5 Psychotic disorder
- F17.6 Amnesic syndrome
- F17.7 Residual and late-onset psychotic disorder
- F17.8 Other mental and behavioral disorders
- F17.9 Unspecified mental and behavioral disorder

Mental and Behavioral Disorders due to use of Volatile Solvents

- F18.0 Acute intoxication
- F18.1 Harmful use
- F18.2 Dependence syndrome
- F18.3 Withdrawal state
- F18.4 Withdrawal state with delirium
- F18.5 Psychotic disorder
- F18.6 Amnesic syndrome
- F18.7 Residual and late-onset psychotic disorder
- F18.8 Other mental and behavioral disorders
- F18.9 Unspecified mental and behavioral disorder

Mental and Behavioral Disorders due to use of Psychoactive Substances

- F19.0 Acute intoxication
- F19.1 Harmful use
- F19.2 Dependence syndrome
- F19.3 Withdrawal state
- F19.4 Withdrawal state with delirium
- F19.5 Psychotic disorder
- F19.6 Amnesic syndrome
- F19.7 Residual and late-onset psychotic disorder
- F19.8 Other mental and behavioral disorders
- F19.9 Unspecified mental and behavioral disorder

CLINIC/PHYSICIAN INFORMATION

PATIENT'S / INSURANCE INFORMATION

Last Name _____ First Name _____ MI _____
/ / M F XXX / XX /
D.O.B. _____ Last 4 digits of SS# _____

Address _____

City, State ZIP _____

Phone Number _____

Insurance _____

Policy Number _____ Group Number _____

Insurance Patient Pay

PLEASE ATTACH COPY OF PATIENT FACE SHEET AND INSURANCE CARD

SPECIMEN DATA

Urine Oral Swab

Date Collected: ____/____/____ Time: ____:____ AM PM

Collector Name: _____

PATIENT'S PRESUMPTIVE POC RESULTS

Please check if initial POC drug screen was performed and billed to the insurance company

	POC RESULTS POS (+)	POC RESULTS NEG (-)
MARIJUANA [THC]	<input type="checkbox"/>	<input type="checkbox"/>
COCAINE [COC]	<input type="checkbox"/>	<input type="checkbox"/>
OPIATES [OPI]	<input type="checkbox"/>	<input type="checkbox"/>
AMPHETAMINES [AMP]	<input type="checkbox"/>	<input type="checkbox"/>
METHAMPHETAMINE [MET]	<input type="checkbox"/>	<input type="checkbox"/>
PHENCYCLIDINE [PCP]	<input type="checkbox"/>	<input type="checkbox"/>
ECSTASY [MDMA]	<input type="checkbox"/>	<input type="checkbox"/>
BARBITURATES [BAR]	<input type="checkbox"/>	<input type="checkbox"/>
BENZODIAZEPINES [BZO]	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE [MTD]	<input type="checkbox"/>	<input type="checkbox"/>
TRICYCLICS/ANTIDEPRESSANTS [TCA]	<input type="checkbox"/>	<input type="checkbox"/>
OXYCODONE [OXY]	<input type="checkbox"/>	<input type="checkbox"/>
BUPRENORPHINE [BUP]	<input type="checkbox"/>	<input type="checkbox"/>

ICD-10 DIAGNOSIS CODE(S)

PHYSICIAN AUTHORIZATION:

I authorize the laboratory test(s) as ordered, and affirm that each are both medically necessary and correspond to the patient's diagnosis as submitted to the laboratory for testing. I understand that each test I order is a billable event, and the patient's medical record(s) must clearly reflect my order.

Ordering Physician Signature (Required) _____ Date _____

SCREENING/PRESUMPTIVE TESTING

- PERFORM PRESUMPTIVE IMMUNOASSAY DRUG TEST AND CONFIRM ALL POSITIVES AND PRESCRIBED MEDICATIONS
 PERFORM PRESUMPTIVE IMMUNOASSAY DRUG TEST ONLY

CONFIRMATION/DEFINITIVE LC-MS/MS TESTING

PERFORM DEFINITIVE TEST FOR DRUG CLASS OR SPECIFIC DRUG(S)

- | | | |
|---|---|---|
| <input type="checkbox"/> ALCOHOL
<input type="checkbox"/> Ethyl Glucuronide
<input type="checkbox"/> Ethyl Sulfate | <input type="checkbox"/> MUSCLE RELAXANTS
<input type="checkbox"/> Carisoprodol
<input type="checkbox"/> Meprobamate
<input type="checkbox"/> Cyclobenzaprine | <input type="checkbox"/> OTHER ILLICITS
<input type="checkbox"/> MDMA
<input type="checkbox"/> MDA
<input type="checkbox"/> Benzoylcegonine (Cocaine Metabolite)
<input type="checkbox"/> Cocaine*
<input type="checkbox"/> PCP |
| <input type="checkbox"/> ANTICONVULSANTS/
OTHER MEDS
<input type="checkbox"/> Gabapentin
<input type="checkbox"/> Pregabalin
<input type="checkbox"/> Levetiracetam | <input type="checkbox"/> NICOTINE
<input type="checkbox"/> Cotinine | <input type="checkbox"/> SLEEP AIDS
<input type="checkbox"/> Zopiclone
<input type="checkbox"/> Zaleplon
<input type="checkbox"/> Zolpidem metabolite
<input type="checkbox"/> Zolpidem* |
| <input type="checkbox"/> BARBITURATES
<input type="checkbox"/> Phenobarbital
<input type="checkbox"/> Butalbital
<input type="checkbox"/> Amo/Pentobarbital
<input type="checkbox"/> Secobarbital | <input type="checkbox"/> OPIATES/OPIOIDS
<input type="checkbox"/> Morphine
<input type="checkbox"/> Oxycodone
<input type="checkbox"/> Hydromorphone
<input type="checkbox"/> Codeine
<input type="checkbox"/> Oxycodone
<input type="checkbox"/> Noroxycodone
<input type="checkbox"/> Hydrocodone
<input type="checkbox"/> Norhydrocodone
<input type="checkbox"/> Dihydrocodeine
<input type="checkbox"/> Naloxone
<input type="checkbox"/> 6-MAM (Heroin Metabolite)
<input type="checkbox"/> Tramadol | <input type="checkbox"/> STIMULANTS
<input type="checkbox"/> Methamphetamine
<input type="checkbox"/> Amphetamine
<input type="checkbox"/> Methylphenidate
<input type="checkbox"/> Ritalinic Acid
<input type="checkbox"/> Phentermine |
| <input type="checkbox"/> BATH SALTS
<input type="checkbox"/> MDVP
<input type="checkbox"/> Methylone
<input type="checkbox"/> Pentadone
<input type="checkbox"/> Mephedrone metabolite
<input type="checkbox"/> Alpha-PVP
<input type="checkbox"/> Alpha-PVP metabolite | <input type="checkbox"/> O-Desmethyltramadol
<input type="checkbox"/> Methadone
<input type="checkbox"/> EDDP (Methadone Metabolite)
<input type="checkbox"/> Meperidine
<input type="checkbox"/> Normeperidine
<input type="checkbox"/> Tapentadol
<input type="checkbox"/> Desmethyl Tapentadol
<input type="checkbox"/> Fentanyl
<input type="checkbox"/> Norfentanyl
<input type="checkbox"/> Propoxyphene
<input type="checkbox"/> Norpropoxyphene
<input type="checkbox"/> Sufentanil
<input type="checkbox"/> Naltrexone
<input type="checkbox"/> Buprenorphine*
<input type="checkbox"/> Buprenorphine-glucuronide
<input type="checkbox"/> Norbuprenorphine-glucuronide | <input type="checkbox"/> TRICYCLICS/
ANTIDEPRESSANTS
<input type="checkbox"/> Amitriptyline
<input type="checkbox"/> Nortriptyline
<input type="checkbox"/> Imipramine
<input type="checkbox"/> Nortrimipramine
<input type="checkbox"/> Desipramine
<input type="checkbox"/> Fluoxetine
<input type="checkbox"/> Doxepin
<input type="checkbox"/> Desmethyl Citalopram
<input type="checkbox"/> Desmethyl Venlafaxine
<input type="checkbox"/> Carbamazepine-10,
11-Epoxyde
<input type="checkbox"/> Carbamazepine
<input type="checkbox"/> Hydroxy Bupropion
<input type="checkbox"/> Sertraline
<input type="checkbox"/> Other |
| <input type="checkbox"/> BENZODIAZEPINES
<input type="checkbox"/> Alpha-Hydroxy
Alprazolam
<input type="checkbox"/> 7-Amino Clonazepam
<input type="checkbox"/> Lorazepam
<input type="checkbox"/> Oxazepam
<input type="checkbox"/> Temazepam
<input type="checkbox"/> Nordiazepam
<input type="checkbox"/> Diazepam
<input type="checkbox"/> Desalkyl Flurazepam
<input type="checkbox"/> Flunitrazepam
<input type="checkbox"/> Alpha-Hydroxy
Midazolam
<input type="checkbox"/> Alprazolam*
<input type="checkbox"/> Clonazepam | <input type="checkbox"/> CANNABINOIDS
<input type="checkbox"/> THC-COOH
<input type="checkbox"/> THC* | <input type="checkbox"/> OTC PAIN MEDICATIONS
<input type="checkbox"/> Ibuprofen
<input type="checkbox"/> Acetaminophen
<input type="checkbox"/> Pseudoephedrine |
| <input type="checkbox"/> KAVA
<input type="checkbox"/> Dihydrokavain | <input type="checkbox"/> SYNTHETIC CANNABINOIDS
<input type="checkbox"/> JWH-250 metabolite
<input type="checkbox"/> JWH-73 metabolite
<input type="checkbox"/> JWH-18 metabolite | <input type="checkbox"/> ANTIDEPRESSANTS
<input type="checkbox"/> Amitriptyline
<input type="checkbox"/> Nortriptyline
<input type="checkbox"/> Imipramine
<input type="checkbox"/> Nortrimipramine
<input type="checkbox"/> Desipramine
<input type="checkbox"/> Fluoxetine
<input type="checkbox"/> Doxepin
<input type="checkbox"/> Desmethyl Citalopram
<input type="checkbox"/> Desmethyl Venlafaxine
<input type="checkbox"/> Carbamazepine-10,
11-Epoxyde
<input type="checkbox"/> Carbamazepine
<input type="checkbox"/> Hydroxy Bupropion
<input type="checkbox"/> Sertraline
<input type="checkbox"/> Other
<input type="checkbox"/> Desomorphine
<input type="checkbox"/> Duloxetine
<input type="checkbox"/> Lamotrigine
<input type="checkbox"/> Oxcarbazepine
<input type="checkbox"/> 10,11-Dihydro-10-
hydroxy Carbamazepine |
| <input type="checkbox"/> KRATOM
<input type="checkbox"/> 7-Hydroxymitragynine | | <input type="checkbox"/> *ORAL SWAB ONLY |

OTHER TESTS TO PERFORM

- SPECIMEN VALIDITY PREGNANCY (HCG)

PATIENT PRESCRIBED MEDICATIONS - Attach list if necessary

PATIENT AUTHORIZATION:

I voluntarily consent to the collection and testing of my specimen. I understand that I am responsible for all co-pays, deductibles, and amounts not covered by my insurance. I assign to Dynix Diagnostix, LLC all insurance payment(s) made for any laboratory services provided to me and direct same to represent me in any grievances or appeals process relating to the payment of these laboratory services. I consent to the release of any medical records necessary to process any insurance claim(s).

Patient Signature (Required) _____ Date _____

T60000

Patient Name: _____

Collection Date: _____

DOB: _____

Collector's Name: _____



Web Portal Protocol to View Results

- 1) Visit <https://portal.dynixdiagnostix.com>
- 2) Log in with your username and password
(If you do not have one, please contact our IT department at (844) 514-8158)

Create New Patient

- 1) Highlight "Patients" from top menu bar and choose "New Patient"
- 2) Fill out patient demographic information
- 3) Have patient sign Assignment of Benefits and Designation of Authorized Representative agreement with signature pad provided. Patient may also sign with mouse.
- 4) Fill out Insurance Information and Subscriber Information if applicable
- 5) Upload any necessary documents
- 6) Choose "Add" on the bottom of the screen

Create Requisition Form

- 1) Highlight "Req Forms" from top menu bar and choose "Add Req Form"
- 2) Begin to type patient's name in the Search field and choose the patient from the list below.
- 3) All the patient's information should already be pre-populated. Verify the patient has a signature and requested testing is correct.
- 4) Click "Submit" on the bottom of the screen

View Results

- 1) Highlight "Results" from the top menu bar and choose "Results Reports"
- 2) Enter patient name or specify a date range
- 3) Choose "View" next to corresponding patient to show Laboratory Results.

Drug and Metabolite Confirmation List Tested by LC/MS/MS with Windows of Detection

Class	Drugs	Detection Window	
Stimulants	Methamphetamine	3 days	
	Amphetamine	3 days	
	Methylphenidate	4 days	
	Ritalinic Acid	4 days	
Benzodiazepines	Alpha-HydroxyAlprazolam	5 days	
	7-AminoClonazepam	5 days	
	Lorazepam	5 days	
	Oxazepam	5 days	
	Temazepam	5 days	
	Diazepam	10 days	
	Nordiazepam	10 Days	
	Desalkylflurazepam	2 days	
	Flunitrazepam	5 days	
	Alpha-HydroxyMidazolam	2 days	
	Clonazepam	5 days	
	Alprazolam	5 days	
	Opiates/Opioids	Morphine	3 days
		Codeine	3 days
Oxycodone		3 days	
Noroxycodone		3 days	
Oxymorphone		3 days	
Hydrocodone		3 days	
Norhydrocodone		3 days	
Dihydrocodeine		3 days	
Hydromorphone		3 days	
Naloxone		3 days	
6-MAM		3 days	
Tramadol		3 days	
O-Desmethyltramadol		3 days	
Methadone		7 days	
EDDP		7 days	
Meperidine		2 days	
Normeperidine		2 days	
Tapentadol		3 days	
Desmethyl Tapentadol		3 days	
Fentanyl		3 days	
Norfentanyl		3 days	
Propoxyphene		10 days	
Norpropoxyphene		10 days	
Naltrexone		4 days	
Sufentanil	2 days		
Tricyclics/Antidepressants	Amitriptyline	10 days	
	Nortriptyline	19 days	
	Imipramine	11 days	
	Nortrimipramine	2 days	
	Desipramine	11 days	
	Desmethylcitalopram	7 days	
	Doxepin	8 days	
	Carbamazepine	10 days	
	Carbamazepine-10,11-epoxide	10 days	
	Fluoxetine	8 days	
	Hydroxybupropion	2 days	
Sertraline	6 days		

Drug and Metabolite Confirmation List Tested by LC/MS/MS with Windows of Detection

Class	Drugs	Detection Window
Other Illicit	MDA	3 days
	MDMA	2 days
	Benzoyllecgonine	2 days
	PCP	5 days
Barbiturates	Phenobarbital	10 days
	Butalbital	6 days
	Amobarbital	7 days
	Pentobarbital	7 days
	Secobarbital	7 days
Cannabinoids	THC-COOH	Single Use - 3 days
	THC-COOH	Moderate Use - 5 days
	THC-COOH	Heavy Use - 10 days
	THC-COOH	Chronic Use - 30 days
Alcohol Metabolites	Ethyl Glucuronide	4 days
	Ethyl Sulfate	3 days
Buprenorphine	Buprenorphine-glucuronide	7 days
	Norbuprenorphine-glucuronide	7 days
	Buprenorphine	7 days
Nicotine	Cotinine	4 days
Synthetic Cannabinoids	JWH-250 Metabolite	3 days
	JWH-073 Metabolite	3 days
	JWH-018 Metabolite	3 days
Other Medications	Gabapentin	2 days
	Pregabalin	2 days
	Levetiracetam	4 days
Muscle Relaxants	Carisoprodol	1 days
	Meprobamate	1 days
	Cyclobenzaprine	1 days
Bath Salts	Methylone	4 days
	MDPV	3 days
	Pentedrone	3 days
	Mephedrone metabolite	4 days
	Alpha-PVP	3 days
	Alpha-PVP metabolite	3 days
Sleep Aids	Zaleplon	1 days
	Zolpidem	3 days
	Zopiclone	3 days
	Zolpidem metabolite	3 days
Kratom	7-Hydroxymitragynine	3 days
Kava	Dihydrokavain	3 days
OTC Medications	Acetaminophen	1 days
	Ibuprofen	1 day
	Pseudoephedrine	2 days
	Dextromethorphan	3 days
Other	Mephedrone Metabolite	4 days
	Desomorphine	3 days
	Duloxetine	3 days
	Lamotrigine	14 days
	Oxcarbazepine	10 days
	10,11-Dihydro-10-hydroxy Carbamazepine	10 days

Account Information

Waters Edge Recovery
 117 SE seminole st
 (609) 969-2034

Patient Information

Name: Washington, George T (M)
 DOB: 1998-10-15
 Specimen Source: Urine

Test Information

Ordering Physician: John Fakedr MD
 Collected: 2016-09-19 00:00:05
 Received: 2016-10-03 13:57:35

Patient Prescribed Medication
 No Prescribed Medications

Test	Result	Reference / Cutoff	Flag
Urine Chemistry			
Oxycodone	POSITIVE	0 ng/mL - 100 ng/mL	Pr
Phencyclidine	POSITIVE	0 ng/mL - 25 ng/mL	Pr
Cannabinoids	NEGATIVE	0 ng/mL - 50 ng/mL	r
6-AcetylMorphine	POSITIVE	0 ng/mL - 10 ng/mL	P
Amphetamines	POSITIVE	0 ng/mL - 500 ng/mL	P
Barbiturates	POSITIVE	0 ng/mL - 200 ng/mL	P
Benzodiazepines	POSITIVE	0 ng/mL - 200 ng/mL	P
Cocaine	POSITIVE	0 ng/mL - 150 ng/mL	P
Buprenorphine	NEGATIVE	0 ng/mL - 5 ng/mL	
EDDP	POSITIVE	0 ng/mL - 100 ng/mL	P
Ethyl Glucuronide	POSITIVE	0 ng/mL - 500 ng/mL	P
Methamphetamine	POSITIVE	0 ng/mL - 500 ng/mL	P
Opiates	POSITIVE	0 ng/mL - 300 ng/mL	P
Oxycodone	POSITIVE	0 ng/mL - 100 ng/mL	P
Phencyclidine	POSITIVE	0 ng/mL - 25 ng/mL	P
Cannabinoids	NEGATIVE	0 ng/mL - 50 ng/mL	
pH	6.3 ng/ml	4.5 ng/ml - 8.0 ng/ml	
Specific Gravity	1.011 ng/ml	1.002 ng/ml - 1.030 ng/ml	
Urine Creatinine	6.9 mg/dL	20 mg/dL - 320 mg/dL	
Oxidant	67 ng/mL	20 ng/mL - 300 ng/mL	

Note for entire form.



Contact Information

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Fort Pierce, FL 34946
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www.dynixdiagnostix.com