



KAREMORE LABS

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KaremoreLabs.com

LAB REQUEST FORM

1. Clear copy of front and back of current insurance card(s). If multiple, indicate primary and secondary.
2. Copy of patient's Fact Sheet.
3. Authorization, accident or referral form if applicable.
4. Copy of current drivers license.
5. Copy of qualitative / presumptive testing results.

PATIENT INFORMATION				
COLLECTION DATE	COLLECTION TYPE <input type="checkbox"/> Urine <input type="checkbox"/> Oral <input type="checkbox"/> Blood	COLLECTED BY		PROVIDER NAME
LAST NAME	FIRST	MIDDLE	<input type="checkbox"/> Male <input type="checkbox"/> Female	
DATE OF BIRTH	SSN #	ACCESSION #	CELL PHONE #	
ADDRESS/P.O. BOX	CITY	STATE	ZIP CODE	

I understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance, litigation or third party liability. By signing this authorization, I am authorizing Karemore Labs to submit claims and acknowledging that payment(s) of authorized insurance benefits or attorney settlements, including but not limited to Medicaid, Medicare, other benefits or payments shall be made on my behalf to Karemore Labs for the services provided to pursuant to this Laboratory request and that I will pay for any amounts not covered by other sources.

Patient Signature _____ Date _____

POC TESTING: THC COC MOP AMP MTD BAR BZO MDMA mAMI OXY PCP BUP OPI PPX TCA

Insurance Self Pay Medicare Medicaid Uninsured Workers Comp Auto LOP

USE CUSTOM PANEL QUALITATIVE DRUG SCREEN QUANTITATIVE DRUG CONFIRMATION (LCMS)

DIAGNOSIS CODES <i>(ICD 10 required to highest level of specificity)</i>	<input type="checkbox"/> Z79.891 (V58.69) = Long-term (current) use of opiate analgesic		<input type="checkbox"/> F11.20 (304.01) = Opioid type dependence, uncomplicated	
	<input type="checkbox"/> Z79.899 (V58.69) = Other long term (current) drug therapy		<input type="checkbox"/> F12.10 (305.20) = Cannabis abuse, uncomplicated	
	<input type="checkbox"/> Z51.81 (V58.83) = Encounter for therapeutic drug level monitoring			
	1	2	3	4

MEDICATION	DOSAGE	FREQ.	LAST DOSE	PRN
AMPHETAMINES				
Amphetamine / Adderall / Dexedrine / Vyvanse / Strattera				
Phentermine				
BARBITURATES				
Butalbital / Fioricet / Orbivan / Zebutal				
Pentobarbital / Nembutal				
Phenobarbital / Luminal / Solfoton / Primidone				
Secobarbital / Seconal				
BENZODIAZEPINES				
Alprazolam / Xanax / Niravam				
Clonazepam / Klonopin				
Diazepam / Diastat / Valium				
Lorazepam / Ativan				
Oxazepam / Serax				
Nordiazepam / Nordaz				
Temazepam / Restoril				
MUSCLE RELAXANTS				
Baclofen / Gablofen / Lioresal				
Carisoprodol / Carisoma / Soma				
Cyclobenzaprine / Flexeril / Amrix				
Meprobamate / Equanil / Miltown				
Methocarbamol / Robaxin				
Tizanidine / Zanaflex				
OPIATES				
Codeine / Tylenol III / Tylenol IV				
Hydrocodone / Lorcet / Lortab / Norco / Vicodin				
Hydromorphone / Dilaudid / Exalgo				
Morphine / Kadian / MS Contin / Avinza				

MEDICATION	DOSAGE	FREQ.	LAST DOSE	PRN
Oxycodone / Oxecta / Oxycontin / Percocet				
Oxymorphone / Opana / Opana ER				
OTHER ANALGESICS				
Buprenorphine / Butrans / Suboxone / Subutex				
Fentanyl / Actiq / Duragesic / Fentora / Onsolis				
Propoxyphene / Darvocet / Darvon				
Meperidine / Demerol / Meperitab				
Methadone / Dolophine / Methadose				
Tapentadol / Nucynta / Palexia				
Tramadol / Ryzolt / Ultram				
OTHER MEDICATIONS				
Cotinine / Nicotine				
Gabapentin / Neurontin / Horizant				
Methylphenidate / Concerta / Ritalin				
Pregabalin / Lyrica				
THC / Marinol				
OTHER UNLISTED MEDICATIONS				
SLEEP MEDS				
Eszopiclone / Lunesta				
Zolpidem / Ambien				
SNRIs - ANTIDEPRESSANTS				
Duloxetine / Cymbalta				
Milnacipran / Savella / Levomilnacipran / Fetzima				
Trazodone / Oleptro				
TRICYCLIC ANTIDEPRESSANTS				
Amitriptyline / Elavil				
NO DRUGS PRESCRIBED				

Provider Signature _____ Date _____

If you have any questions regarding your Explanation of Benefits (EOB) or invoice please call Karemore Labs at 410-621-0000