MCI DIAGNOSTIC CENTER
Laboratory

Ph. 918-744-1001 | Fax: 918-744-9729
Customer Support 1-800-364-7287

☐ STAT

Date of Collection: ___/___/____
Time of Collection: 00:00 AM/PM

Patient Information				
First Name	Last Name	MI	DOB	Gender ☐ M ☐ F
Address 1:	Address 2:	City	State	Zip
Home Ph. #	Cell Ph. #	Race	Ethnicity	

Requesting Physician Practice Name:

Name of Provider NPI:

Provider Signature _____

The tests that are ordered within this requisition are medically necessary for the treatment of the patient.

Insurance Information (Please include copies of insurance cards; front & back)			
Relationship to Insured ☐ Self ☐ Spouse ☐ Child ☐ Other			
Subscriber's Full Name			SSN#
Home Ph. #	Cell Ph. #	DOB	Gender ☐ M ☐ F
Primary Insurance		Secondary Insurance	
ID #	Grp #	ID #	Grp#
Phone #		Phone #	

Panel Selection (Attach Medication List)

☐ Comprehensive Screen Panel	☐ Comprehensive Confirmation Panel

Screening Test

☐ Amphetamines	☐ Ecstasy (MDMA)
☐ Barbiturates	☐ Methadone
☐ Benzodiazepines	☐ Methamphetamines
☐ Buprenorphine	☐ Opiates
☐ Cannabinoids (THC)	☐ Oxycodone
☐ Cocaine Metabolite	☐ Phencyclidine (PCP)

Confirmatory Test

☐ Amphetamines	☐ Opiates	☐ SSRI's
☐ Benzodiazepines	☐ Opioids	☐ Citalopram (Celexa)
☐ Buprenorphine	☐ Oxycodone	☐ Fluoxetine (Prozac)
☐ Carisoprodol (Soma)	☐ Pregabalin (Lyrica)	☐ Paroxetine (Paxil)
☐ Cotinine (Nicotine)	☐ Tapentadol (Nucynta)	☐ Sertraline (Zoloft)
☐ Cyclobenzaprine (Flexeril)	☐ Tramadol (Ultram)	☐ TCA's
☐ Fentanyl (Duragesic)	☐ Zolpidem (Ambien)	☐ Amitriptyline (Elavil)
☐ Folate	☐ Illicit Drugs	☐ Imipramine (Tofranil)
☐ Gabapentin (Neurontin)	☐ Cocaine Metabolite	☐ Nortripyline (Pamelor)
☐ Folate	☐ Ecstasy	☐ Doxepin (Silenor)
☐ Gabapentin (Neurontin)	☐ Heroin Metabolite (6-mam)	☐ Desipramine (Norpramin)
☐ Meperidine (Demerol)	☐ Methamphetamine	
☐ Methadone	☐ PCP	
☐ Methylphenidate (Ritalin)	☐ THC-COOH	

ICD-10 Diagnostic Codes					
1.	2	3	4	5	6

Physicians should only order tests which are medically necessary for the diagnosis or treatment of the patient.

Additional Test Request

Specimen Labeling Instructions: All specimens must have patient's full name and that name MUST match what is written on the requisition form to comply with National Patient Safety Guidelines and Regulations. All patient specimens MUST also have unique second identifier.

Check List:

☐ Write the patient's full name on each specimen collection device & matches order form
☐ Include front & back of insurance cards
☐ Include patient's medication list