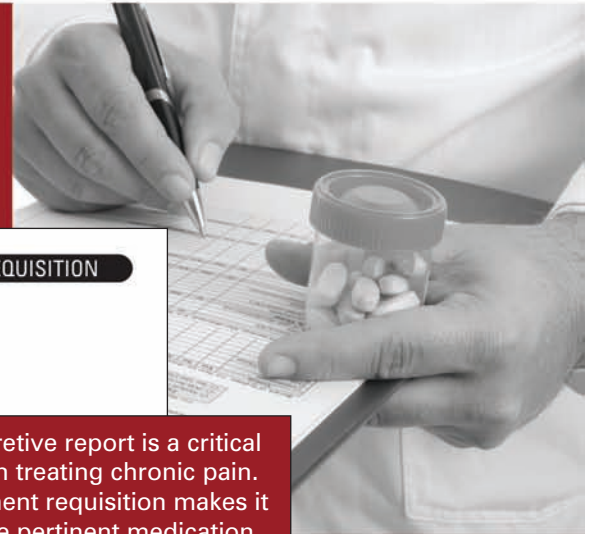


Your Laboratory Partner

Requisitions



PAIN MANAGEMENT REQUISITION

Patient (Last, First, MI)				Date of Birth (mm/dd/yyyy)		Patient Phone #	
Comments				Patient ID #			
Date of Collection (required)	TIME	Site	Patient SSN	BILL TO: PLEASE CIRCLE			
Guarantor (Last, First, MI) <small>Required if insurance or patient billing</small>				Insurance Name <small>Required if insurance</small>			
Address				Insurance Number(s)			
City				State		Zip	
City				State		Zip	
Patient Relationship to Subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent				Subscriber Name			

An accurate interpretive report is a critical tool for the clinician treating chronic pain. Our Pain Management requisition makes it easy to provide the pertinent medication information on your patient to assure a complete report.

Tests can be ordered singularly, in panels, or both.

Your healthcare provider has requested that the tests indicated be performed on your specimen. PAML will bill your insurance or pay coverage when indicated above and will credit your bill for payments made by these providers. However, you are responsible for paying any deductibles, co-pays, or non covered expenses for this testing. For questions call 800-433-1583 or go online to www.paml.com.

Tests to be Performed

PANELS

PMP1 - Amps/COC/THC/Opiates/PCP/Prop/Alcohol

PMP2 - Amps/COC/THC/Opiates/PCP/Prop/Alcohol/Barb/Benz/Methadone

PMP3 - Amps/COC/THC/Opiates/PCP/Prop/Alcohol/Barb/Benz/Methadone/Meperidine/Tramadol/Acetaminophen

PMP4 - Amps/COC/THC/Opiates/PCP/Prop/Alcohol/Barb/Benz/Methadone/Meperidine/Tramadol/Acetaminophen/Fentanyl/Carisoprodol/Meperbamate/Buprenorphine/ETG/ETS

SINGLE TESTS*

<input type="checkbox"/> Acetaminophen (ACETAM)	<input type="checkbox"/> Cannabinoids (THC) CANN20	<input type="checkbox"/> Meperidine (MEPU)
<input type="checkbox"/> Alcohol (ALC20)	<input type="checkbox"/> Carisoprodol (MEPCAR)	<input type="checkbox"/> Opiates (CPOP7)
<input type="checkbox"/> Amphetamines (AMP)	<input type="checkbox"/> Cocaine (COC)	<input type="checkbox"/> Phencyclidine (PCP)
<input type="checkbox"/> Barbiturates (BARB)	<input type="checkbox"/> ETG/ETS (ETGU)	<input type="checkbox"/> Propoxyphene (PROPOXI)
<input type="checkbox"/> Benzodiazepines (BENZ)	<input type="checkbox"/> Fentanyl (FENTU)	<input type="checkbox"/> Tramadol (TRAMU)
<input type="checkbox"/> Buprenorphine (CPBUP)	<input type="checkbox"/> Methadone (METD)	

*Single Tests can be ordered individually or added to a panel

Patient's Current Medications

Date & Time of Last Dose

<input type="checkbox"/> Hydrocodone	<input type="checkbox"/> Meperbamate
<input type="checkbox"/> Hydromorphone	<input type="checkbox"/> Fentanyl
<input type="checkbox"/> Oxycodone	<input type="checkbox"/> Methadone
<input type="checkbox"/> Oxymorphone	<input type="checkbox"/> Propoxyphene
<input type="checkbox"/> Morphine	<input type="checkbox"/> Tramadol
<input type="checkbox"/> Codeine	<input type="checkbox"/> THC/Marinol
<input type="checkbox"/> Buprenorphine	<input type="checkbox"/> Amphet/Adderall
<input type="checkbox"/> Carisoprodol	<input type="checkbox"/> Other

Notes to Laboratory

The clinician can document concerns or add comments that will be reviewed by scientists upon arrival at the laboratory.

Date	Donor's Initials	(A)	CONSECUTIVE BARCODE WXXXXXXXXXX
Date	Donor's Initials	(B)	CONSECUTIVE BARCODE WXXXXXXXXXX
CONSECUTIVE BARCODE WXXXXXXXXXX	(A)	Date	Donor's Initials
CONSECUTIVE BARCODE WXXXXXXXXXX	(B)	Date	Donor's Initials

Specimen seals are used to assure the patient that proper identification and security measures are met.

For more information, please contact your local marketing representative.

www.paclab.com

