



PHYSICIAN ACKNOWLEDGEMENT

PRACTICE INFORMATION	
Practice Name	
Physician Name	

PRACTITIONERS ACKNOWLEDGEMENT			
<p>Each of the parties represents and warrants to the other party in particular with respect to all protected health information (as that term is defined under the standards for Privacy of Individual Identifiable Health information 94 C.F.R. part 164) as amended from time to time, that it is a covered entity (and not a business associate of the other party) under the HIPAA Privacy Regulations and that it shall protect the privacy integrity, security, confidentiality and availability of the protected health information disclosed to, used by, or exchanged by the parties by implementing appropriate privacy and security policies, procedures and practice and physical and technological safeguards and security mechanisms, all as required by, and set forth more specifically in, the HIPAA Privacy Regulation and HIPAA Security regulation as each may be amended from time to time.</p> <p>I hereby acknowledge that New Wave Laboratory Services / Expertus Labs will perform drug testing for patients from my practice as directed by the patient Requisition Form.</p>			
Practitioner's Signature		Date	



New Wave Laboratory Services

8200 Stonebrook Parkway, Suite 206 Frisco, TX 75034

Custom Profile Acknowledgment Form

Please select from the following LCMS confirmation tests and test panels by placing a check mark next to the class of tests and/or individual tests you would like included in your custom profile. Your custom profile will consist of all tests selected below and will be performed on all patient specimens. Please note, selecting the parent class for testing will indicate you request **all** tests to be performed within that class. *Example*: Placing a check mark next to "Barbiturates (5)" will indicate that you would like all 5 tests within the Barbiturates class (Amobarbital, Butalbital, Pentobarbital, Phenobarbital, Secobarbital) to be performed. If you would like only to confirm an individual test and **not** the class of tests, place a check box next to each of the individual tests themselves. *Example*: Placing a check mark next to "Phenobarbital" will indicate that you would only like that specific Barbiturate test to be performed.

Drugs of Abuse (13)

Cocaine (benzoylmethylecgonine)
Cotinine (Tobacco/Nicotine Metabolite)
Dextrophan (DXM Metabolite)
Ecstasy (MDMA)
Heroin (6-AM)
Mitragynine (Kratom)
Marijuana (THC-COOH)
MDA (Methylenedioxyamphetamine, 3,4-methylenedioxy-amphetamine, tenamfetamine)
MDEA (Methyl diethanolamine, Methylenedioxyethylamphetamine)
Methamphetamine
Methaqualone (Quaalude, Sopor)
Phencyclidine (PCP)

Alcohol (2)

Ethyl Glucuronide - EtG (Alcohol Metabolite)
Ethyl Sulfate - EtS (Alcohol Metabolite)

Synthetic Cannabinoids (5)

JWH-073 Metabolite (K2, Spice)
JWH-018 Metabolite (K2, Spice)
UR-144 (K2, Spice)
XLR-11 (K2, Spice)
AB Fubinaca (K2, Spice)

Cathinones (5)

3, 4-Methylenedioxypropylone (MDPV)
4-methylphenethylamine (Mephedrone Metabolite)
alpha-Pyrrolidinopentiophenone (a-PVP, Flakka)
Methylhexanamine (DMAA)
Methylone (M1, 3,4-methylenedioxy-N-methylcathinone, MDMC, bk-MDMA)

Amphetamines (5)

Amphetamine (Adderall)
Diethylpropion (Anorex, Tenuate)
Lisdexamfetamine (Vyvanse)
Methylphenidate (Concerta, Daytrana, Ritalin, Focalin)
Phentermine (Adipex-P, Fastin, Qsymia)

Barbiturates (5)

Amobarbital (Amytal)
Butalbital (Fioricet, Fiorinal)
Pentobarbital (Nembutal)
Phenobarbital (Luminal, Donnatal)
Secobarbital (Seconal)

Benzodiazepines (18)

Alprazolam (Xanax)
7-Aminoclonazepam (Clonazepam Metabolite)
alpha-OH-Alprazolam (Alprazolam Metabolite)
alpha-OH-Midazolam (Midazolam Metabolite)
alpha-OH-Triazolam (Triazolam Metabolite)
Chlordiazepoxide (Librium, Librax)
Clonazepam (Klonopin)
Desalkylflurazepam (Flurazepam Metabolite)
Diazepam (Valium)
Flunitrazepam (Rohypnol)
Flurazepam (Dalmane)
Lorazepam (Ativan)
Midazolam (Versed)
N-desmethylflunitrazepam (Flunitrazepam Metabolite)
Nordiazepam (Diazepam Metabolite)
Oxazepam (Serax)
Temazepam (Restoril)
Triazolam (Halcion)

Opiates (20)

Codeine (Tylenol #3/4, Fioricet #3, Cough)
EDDP (Methadone Metabolite)
Fentanyl (Actiq, Duragesic, Fentora)
Hydrocodone (Vicodin, Lortab, Norco, Cough)
Hydromorphone (Dilaudid, Exalgo)
Meperidine (Pethidine, Demerol)
Methadone (Dolophine, Methadose, Methadose Sugar-Free, Diskets)
Morphine (Avinza, Kadian, MS Contin)
Norfentanyl (Fentanyl Metabolite)
Norhydrocodone (Hydrocodone Metabolite)
Normeperidine (Meperidine Metabolite)
Noroxycodone (Oxycodone Metabolite)
Norpropoxyphene (Propoxyphene Metabolite)
O-Desmethyltramadol (Tramadol Metabolite)
Oxycodone (Oxycontin, Percocet, Percodan)
Oxymorphone (Opana) (Also Oxycodone Metabolite)
Propoxyphene (Darvocet, Darvon)
Sufentanil (Sufenta)
Tapentadol (Nucynta)
Tramadol (Ultram, Ultracet, Ryzolt)

Buprenorphine (3)

Buprenorphine (Suboxone, Subutex, Butrans)
Naloxone (Suboxone)
Norbuprenorphine (Buprenorphine Metabolite)

Gabapentin (Gralise, Horizant, Neurontin, Gabarone)

Pregabalin (Lyrica)

Muscle Relaxants (3)

Carisoprodol (Soma)
Cyclobenzaprine (Flexeril, Amrix)
Meprobamate (Soma Metabolite)

Antidepressants (14)

Amitriptyline (Elavil)
Bupropion (Wellbutrin)
Clomipramine (Anafranil)
Desipramine (Norpramin)
Desmethylclomipramine (Clomipramine Metabolite)
Desmethyldoxepin (Doxepin Metabolite)
Doxepin (Sinequan)
Duloxetine (Cymbalta)
Fluoxetine (Prozac)
Imipramine (Tofranil)
Nortriptyline (Aventyl)
Protriptyline (Vivactil)
Trazodone (Desyrel)
Trimipramine (Surmontil)

Antipsychotics (4)

Quetiapine (Seroquel)
9-Hydroxy-Risperidone (Risperidone Metabolite)
Aripiprazole (Abilify)
Risperidone (Risperdal)

Z-Drug Hypnotics (3)

Zopiclone (Zimovane, Lunesta)
Zaleplon (Sonata)
Zolpidem (Ambien, Ambien CR, Edluar, Intermezzo, Zolpimist)

Provider Initials: _____



New Wave Laboratory Services

8200 Stonebrook Pkwy, Suite 206 Frisco, TX 75034

13-Panel Drug Screen w/3 Sample Validity Tests

All positives and inappropriate negatives will be reflexed to LCMS confirmation

- Amphetamines
- Barbiturates
- Benzodiazepines
- Buprenorphine
- Cannabinoid
- Cocaine
- Ecstasy
- Ethylglucuronide
- Methadone
- Opiates
- Oxycodone
- Phencyclidine (PCP)
- Tricyclic Antidepressants
- Urine Creatinine (Sample Validity)
- Urine pH (Sample Validity)
- Urine Specific Gravity (Sample Validity)

POC (Point-Of-Care) Testing

- If you are currently utilizing POC test cups and would like to order LC/MS confirmation tests based upon the positive and/or inappropriate negatives reflected on the POC test cup, please check the box next to "POC (Point-Of-Care) Testing" above.
- *Example**: Patient tests positive for Amphetamines & Benzodiazepines on POC test cup. You would select both the Amphetamines (5) and Benzodiazepines (18) test panels for LC/MS confirmation testing, along with any other specific tests you would like performed.
- Expertus Labs will only conduct LC/MS confirmation testing based upon **YOUR** selection of tests on the paper requisition form and/or electronic requisition form within our Titan web portal.

No Custom Profile

- I, the ordering provider, will order test panels and/or individual tests as medically necessary and clinically indicated in the patient's chart.

I understand that the Office of Inspector General (OIG) has stated: Using a customized profile may result in the ordering of tests which are not covered, reasonable or necessary. OIG takes the position that individual who knowingly causes a false claim to be submitted may be subject to sanctions or remedies available under civil, criminal and administrative law. I am familiar with the Medicare NCD and LCD limits that apply to qualitative drugs screening and confirmation testing. I agree to obtain an Advance Beneficiary Notice (ABN) when applicable and submit to Expertus Laboratories a valid Advance Beneficiary Notice (ABN) signed by the Medicare beneficiary for any tests that are not supported by a diagnosis that meets Medicare's limited coverage/medical necessity requirements. I will not bill for POC testing performed using supplies provided by New Wave Laboratory unless I purchase those supplies from New Wave Laboratory at fair market value. I authorize New Wave Laboratory to conduct testing for drugs and/or alcohol on specimens that I or a representative of my office/offices sends to New Wave Laboratory. I am aware the specimens can be blood, urine, oral fluid or hair. I understand New Wave Laboratory will create a custom profile within the Titan web portal, based on my selection on this form. I agree to order this custom panel only when each individual test of the panel is medically necessary and clinically indicated, as documented in the patient's chart. I understand New Wave Laboratory will conduct testing based on the custom profile I have selected on this form once the custom profile is selected in the Titan web portal and/or paper requisition form. I understand I can order test(s) individually or in addition to my selected custom panel at any time if I so choose in the Titan web portal and/or paper requisition form. I understand that if I do not want testing based on the custom profile created for me in Titan, I will not select the custom profile and I will order each test individually in Titan and/or paper requisition form when I create a new lab order. I understand that I have the choice to order any New Wave Laboratory drug tests individually at any time, without ordering a customized panel. I understand New Wave Laboratory performs 3 sample validity tests (urine creatinine, urine pH, and urine specific gravity) on ALL urine specimens received. I agree each specimen sent to New Wave Laboratory has been reviewed, and I have only ordered the testing medically necessary. I agree to provide appropriate diagnosis codes, defined to the highest level of specificity, for each test that I order in order to confirm medical necessity and to enable New Wave Laboratory to bill effectively on my patient's behalf. I acknowledge New Wave Laboratory is not responsible for unnecessary specimen testing I have requested. I acknowledge New Wave Laboratory will release the results of test(s) only to the requesting physician/provider/agency, persons authorized by the patient in writing, or as required by law. I understand that by signing below indicates I or a representative of my office/offices will explain the purpose of the test(s), the process, the benefits and risks that are involved in testing to the patient providing the specimen. I will give the patient an opportunity to ask questions. I acknowledge the patient will be made aware that the specimen will be sent to New Wave Laboratory for testing. I understand specimens sent to New Wave Laboratory for testing will indicate that the patient has consented (in writing or verbal) to testing for treatment, and voluntarily provided the specimen for testing by New Wave Laboratory. I understand New Wave Laboratory will provide individual patient consent forms upon request. I acknowledge that my signature below indicates I have obtained consent (in writing or verbal) from each individual patient authorizing New Wave Laboratory to furnish each individual patient's designated insurance carrier the information on this form if necessary for reimbursement. I understand my signature below indicates that I or a representative of my office/offices will provide requested medical records for purposes of reimbursement to the patient's insurer directly, or obtain a consent from the patient to release medical records to New Wave Laboratory for the sole purpose of payment. I understand by signing below I authorize New Wave Laboratory to use my signature on this form for ALL specimens that have been sent by myself and/or a representative of my office/offices to New Wave Laboratory for testing. I understand and authorize New Wave Laboratory to transfer my signature from this form into the Titan electronic ordering web portal and/or onto ALL laboratory requests created in Titan and/or paper requisition forms that have been created by myself and/or a representative of my office/offices and sent to New Wave Laboratory for testing. My signature below indicates I understand the term "Provider" means I am a Doctor of Medicine (MD), a Doctor of Osteopathic Medicine (DO), a Nurse Practitioner (NP) or a Physician's Assistant (PA).

Customer: _____

Printed Name of Provider: _____ Initials: _____

Signature of Provider: _____ Date: _____