FML Franey Medical Laboratories
Specializing in Drugs of Abuse Testing

Robert J. Franey President/Chemist Richard W. Kocon, Ph.D Director

52 Mercantile Way
Mashpee, MA 02649
T 508.888.7546 F 508.833.6735
Toll Free 888.363.4210
www.franeymedicallab.com

Date of Collection _____ Time _____ Temp _____

Name (Last, First) _____

Date of Birth _____ Sex M☐ F☐ Social Security # _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Race ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Other

Physician / Facility Name _____

Address _____

City _____ State _____ Zip _____

Tel. # _____ Fax # _____ Copy To _____

Comments _____

Physician Signature _____

Medications _____

Insurance

☐ Medicare ☐ MassHealth ☐ BCBS
☐ Tufts ☐ Cigna ☐ Harvard Pilgrim
☐ BMCHP ☐ Network Health ☐ Neighborhood HP ☐ Other

Primary Insurance _____

Policy # _____

Secondary Insurance _____

Policy # _____

*Attach copy of front and back of insurance card

Diagnosis Codes For Medical Necessity

_____ _____ _____ _____

I authorize that payment of medical benefits by my insurance carrier be made to **Franey Medical Laboratories**. I acknowledge responsibility for any coinsurance/ deductibles and accept responsibility for payment for laboratory tests not covered by insurance. This also includes responsibility for payment for medically necessary drug testing ordered by my physician if testing limits have been exceeded. I further authorize the release of my medical information necessary to process this claim and I permit a copy of this authorization to be used in place of the original.

X _____ Date _____

Patient Signature (REQUIRED)

☐ OBSERVED COLLECTION

TOXICOLOGY

URINE

PRESUMPTIVE TESTS (IA)

SCREEN	SCREEN AND CONFIRM POSITIVES BY LCMS
☐ 6-ACETYLMORPHINE (HEROIN)	☐
☐ ALCOHOL (ETHANOL)	
☐ AMPHETAMINES	☐
☐ BARBITURATES	
☐ BENZODIAZEPINES	☐
☐ COCAINE	☐
☐ ETG (ALCOHOL METABOLITE)	☐
☐ FENTANYL	☐
☐ METHADONE	☐
☐ OPIATES	☐
☐ OXYCODONE	☐
☐ PHENCYCLIDINE (PCP)	
☐ THC (MARIJUANA)	☐
☐ TRAMADOL	☐
☐ OTHER _____	☐

DEFINITIVE TESTS (Mass Spectrometry)

LCMS ONLY
☐ BATH SALTS
☐ BENZODIAZEPINE ID
☐ BUPRENORPHINE NORBUPRENORPHINE
☐ ETG (ALCOHOL METABOLITE)
☐ FENTANYL
☐ GABAPENTIN
☐ METHYLPHENIDATE
☐ OPIATE ID
☐ OXYCODONE
☐ SYNTHETIC MARIJUANA
☐ TRAMADOL
☐ OTHER _____

■ SPECIMEN INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology

HAIR FOLLICLE TESTING

☐ 5 PANEL - AMPHETAMINES, COCAINE, OPIATE, THC, PCP

☐ EXTENDED OPIATE PANEL - OXYCODONE, OXYMORPHONE, HYDROCODONE, HYDROMORPHONE

U/A and BLOOD Testing on Reverse Side

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INDIVIDUAL BLOOD TESTS

NOTICE TO PHYSICIAN: Please order only those tests deemed medically necessary for the diagnosis or treatment of your patient. Diagnosis Codes are required.

☐ ALBUMIN*
☐ ALKALINE* PHOSPHATASE
☐ ALT (SGPT)*
☐ AMYLASE
☐ AMMONIA
☐ AST (SGOT)*
☐ BNP (B-Type Natriuretic Peptide)
☐ BHCG SERUM, QUAL
☐ BHCG SERUM, QUANT
☐ BILIRUBIN, DIRECT*
☐ BILIRUBIN, TOTAL*
☐ BUN*
☐ CALCIUM*
☐ CBC, DIFF*
☐ CBC, DIFF, & ANC*
☐ CBC (NO DIFF)*
☐ CHOLESTEROL*
☐ CK
☐ CRP-HIGH SENS.
☐ CREATININE*
☐ FERRITIN
☐ FOLATE
☐ GLUCOSE*
☐ HDL-C*
☐ HEMOGLOBIN A1C
☐ RPR
☐ IRON
☐ IRON BINDING CAPACITY (TIBC)
☐ LIPASE
☐ LITHIUM
☐ LYME Ab
☐ MAGNESIUM*
☐ PHOSPHORUS
☐ POTASSIUM*
☐ PREALBUMIN
☐ PROTEIN, TOTAL*
☐ PSA
☐ PT INR (Prothrombin Time)*
☐ PTT*
☐ RETICULOCYTE CT
☐ SED RATE*
☐ T4
☐ T4, FREE
☐ TEGRETOL (CARBAMAZEPINE)
☐ TSH
☐ TRIGLYCERIDES*
☐ URIC ACID
☐ VALPROIC ACID
☐ VITAMIN B12
☐ VITAMIN D 25-HYDROXY
☐ OTHER _____
_____
_____

*Tests Performed In-House

BLOOD PANELS

☐ ACUTE HEPATITIS PANEL
☐ BASIC METABOLIC PANEL* (CHEM 8)
☐ COMPREHENSIVE METABOLIC* PANEL (CHEM PANEL 14)
☐ ELECTROLYTE PANEL*
☐ HEPATIC PANEL* (LIVER PROFILE)
☐ LIPID PANEL* W/ CALCULATED LDL

MICROBIOLOGY & URINALYSIS

☐ URINE CULTURE
☐ MISC. CULTURE SOURCE _____
☐ OTHER _____

☐ HcG (Urine Pregnancy - Qualitative)*
☐ URINALYSIS*

PANELS

Acute Hepatitis Panel - Hepatitis B Surface Antigen, Hepatitis A Antibody-IGM, Hepatitis B Core Antibody-IGM, Hepatitis C Antibody **CPT 80059**

Basic Metabolic Panel - Anion Gap, BUN, BUN/Creatinine Ratio, Calcium, Chloride, Creatinine, CO_2, Glucose, Potassium, Sodium **CPT 80048**

Comprehensive Metabolic Panel - Albumin, A/G Ratio, Alkaline Phosphatase, ALT (SGPT), Anion Gap, AST (SGOT), Bilirubin (total), BUN, BUN/Creatinine Ratio, Calcium, Chloride, CO_2, Creatinine, Globulin, Glucose, Potassium, Sodium, Total Protein **CPT 80053**

Electrolyte Panel - Anion Gap, Chloride, CO_2, Potassium, Sodium **CPT 80051**

Hepatic Panel - Albumin, A/G Ratio, Alkaline Phosphatase, ALT (SGPT), AST (SGOT), Bilirubin (direct), Bilirubin (total), Globulin, Total Protein **CPT 80076**

Lipid Panel - Cholesterol, Triglycerides, HDL-C, Calculated LDL-C, VLDL-C, Risk Ratio, Cardiac Risk Assessment **CPT 80061**

FOR OFFICE USE ONLY ☐ VENIPUNCTURE ☐ HOUSE CALL ☐ ASSITED LIVING HOUSECALL ☐ SKILLED NURSING HOUSECALL ☐ FACILITY CALL

OF PT'S _____ TOTAL MILES _____ MILES PER PT _____ FASTING ☐ NO ☐ YES _____ HRS INITIALS _____