



Kashi Clinical Laboratories
 10101 SW Barbur Blvd., Ste. 200
 Portland, OR 97219 Toll-free:
 877-879-1815
 Fax: 503-206-6939
 info@kashilab.com

REQUEST FOR CUSTOM PROFILE AND PHYSICIAN AUTHORIZATION

Please send completed forms to info@kashilab.com or fax to 503-206-6939

1 QUANTITATIVE TESTS IN CUSTOM PROFILE			
Natural and Semi-Synthetic Opioids			Barbiturates
Codeine	<input type="checkbox"/>	Butalbital	<input type="checkbox"/>
Morphine	<input type="checkbox"/>	Phenobarbital	<input type="checkbox"/>
Hydrocodone	<input type="checkbox"/>	Secobarbital	<input type="checkbox"/>
Norhydrocodone	<input type="checkbox"/>	Tricyclic Antidepressants (TCAs)	
Hydromorphone	<input type="checkbox"/>	Amitriptyline	<input type="checkbox"/>
Oxycodone	<input type="checkbox"/>	Nortriptyline	<input type="checkbox"/>
Noroxycodone	<input type="checkbox"/>	Norclomipramine (Clomipramine metabolite)	<input type="checkbox"/>
Oxymorphone	<input type="checkbox"/>	Imipramine	<input type="checkbox"/>
Buprenorphine & Metabolite: Norbuprenorphine	<input type="checkbox"/>	Desipramine	<input type="checkbox"/>
Synthetic Opioids		Nordoxepin (Doxepin Metabolite)	<input type="checkbox"/>
Fentanyl & Metabolite: Norfentanyl	<input type="checkbox"/>	Trimipramine	<input type="checkbox"/>
Methadone & Metabolite: EDDP	<input type="checkbox"/>	Non-TCA Antidepressants	
Tramadol	<input type="checkbox"/>	Duloxetine	<input type="checkbox"/>
Tapentadol	<input type="checkbox"/>	Hydroxybupropion (Bupropion Metabolite)	<input type="checkbox"/>
Meperidine & Metabolite: Normeperidine	<input type="checkbox"/>	Fluvoxamine	<input type="checkbox"/>
Benzodiazepines		Fluoxetine	<input type="checkbox"/>
Alpha-Hydroxyalprazolam (Alprazolam Metabolite)	<input type="checkbox"/>	Norfluoxetine	<input type="checkbox"/>
7-Amino-Clonazepam (Clonazepam Metabolite)	<input type="checkbox"/>	Mirtazapine	<input type="checkbox"/>
Lorazepam	<input type="checkbox"/>	Paroxetine	<input type="checkbox"/>
Nordiazepam	<input type="checkbox"/>	Venlafaxine	<input type="checkbox"/>
Temazepam	<input type="checkbox"/>	Desmethylvenlafaxine	<input type="checkbox"/>
Oxazepam	<input type="checkbox"/>	Synthetic Cathinones (Bath Salts)	
Diazepam & Metabolites: Nordiazepam, Temazepam, Oxazepam	<input type="checkbox"/>	Butylone	<input type="checkbox"/>
Alcohol		Ethylone	<input type="checkbox"/>
Ethyl Glucuronide & Ethyl Sulfate	<input type="checkbox"/>	Mephedrone	<input type="checkbox"/>
Illicit Drugs		Methylone	<input type="checkbox"/>
6-MAM (Heroin Metabolite)	<input type="checkbox"/>	MDVP (Methylenedioxypropylvalerone)	<input type="checkbox"/>
Benzoyllecgonine (Cocaine Metabolite)	<input type="checkbox"/>	Alpha-Pyrrolidinovalerophenone (Alpha-Flakka)	<input type="checkbox"/>
cTHC (Marijuana Metabolite)	<input type="checkbox"/>	Other Substances	
MDMA (Ecstasy)	<input type="checkbox"/>	Dextromethorphan	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	Gabapentin	<input type="checkbox"/>
Mitragynine (Kratom)	<input type="checkbox"/>	Ketamine & Metabolite: Norketamine	<input type="checkbox"/>
Phencyclidine (PCP)	<input type="checkbox"/>	Levamisole	<input type="checkbox"/>
Stimulants		Naloxone	<input type="checkbox"/>
Amphetamine	<input type="checkbox"/>	Naltrexone	<input type="checkbox"/>
Methylphenidate	<input type="checkbox"/>	Trazadone	<input type="checkbox"/>
Muscle Relaxants		Zolpidem	<input type="checkbox"/>
Carisoprodol	<input type="checkbox"/>	Enantiomeric Testing	
Cyclobenzaprine	<input type="checkbox"/>	Amphetamine & Methamphetamine d/l Isomer Testing	<input type="checkbox"/>
Meprobamate	<input type="checkbox"/>		<input type="checkbox"/>



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2	VALIDITY TESTING (Please Select One Option)
<input type="checkbox"/>	YES Specimen Validity Testing: Creatinine, Oxidant, pH, Specific Gravity
<input type="checkbox"/>	NO Specimen Validity Testing

3	ORGANIZATIONAL INFORMATION	
Practice Name:		
Practice Address:		
City:	State:	Zip:
Clinic Contact:		
Phone number:	DEA #:	
State License #:	Practice NPI#:	
Desired Start Date		

4	CUSTOM REQUESTS

5	PHYSICIAN AUTHORIZATION
<p>I understand and agree that I am accountable for any tests I order through Kashi Clinical Laboratories, and that I am solely responsible for all medical decisions relating to testing ordered for a patient. This includes the autonomy to order suitable testing individually using the Test Requisition, and/or ordering testing in grouping with a Custom Profile. I further understand and agree that in selecting a Custom Profile as medically-necessary for patient care, I have the liberty to change my patient's test request prior to each order, and that when a test request needs to be changed, I will contact Kashi Clinical Laboratories immediately to request a modified Custom Profile or do so on the Test Requisition.</p> <p>In selecting a test, either individually or in combination through a Custom Profile, I understand and agree that reimbursement from Medicare, Medicaid, and other federally-funded health care programs or through a third-party payer may not be covered depending upon the extent of the test selection, and that it is at my sole discretion on behalf of my patient's medical needs to continue with such an order through Kashi Clinical Laboratories. I understand and agree that seeking reimbursement from federally-funded health programs for testing not imperative to patient care is a violation of federal law, and that I may be subject to sanctions for knowingly submitting a false claim.</p> <p>I have read the above policy, and understand and agree that I have carefully considered the attached test order as it pertains to care for my patient. My signature below acknowledges my comprehension of the statements here and authorizes Kashi Clinical Laboratories to complete the testing ordered in the Custom Profile.</p> <p><input type="checkbox"/> Please DO NOT use any Custom Profile (signature required)</p>	
Physician Name:	
Physician Signature:	
Date:	NPI #: