### QUANTITATIVE TESTS IN CUSTOM PROFILE

#### Natural and Semi-Synthetic Opioids
- Codeine
- Morphine
- Hydrocodone
- Norhydrocodone
- Hydromorphone
- Oxycodone
- Noroxycodone
- Oxymorphone
- Buprenorphine & Metabolite: Norbuprenorphine

#### Barbiturates
- Butalbital
- Phenobarbital
- Secobarbital
- Tricyclic Antidepressants (TCAs)
- Amitriptyline
- Nortriptiline
- Norclomipramine (Clomipramine metabolite)
- Imipramine

#### Synthetic Opioids
- Methadone & Metabolite: EDDP
- Tramadol
- Tapentadol
- Meperidine & Metabolite: Normeperidine

#### Tricyclic Antidepressants (TCAs)
- Amitriptyline
- Nortriptiline
- Norclomipramine (Clomipramine metabolite)
- Imipramine

#### Benzodiazepines
- Diazepam & Metabolites: Normeperidine
- Oxazepam
- Diazepam & Metabolites: Nordiazepam, Temazepam, Oxazepam

#### Benzodiazepines (TCAs)
- Fluoxetine
- Norfluoxetine
- Mirtazapine
- Paroxetine
- Venlafaxine
- Desmethylvenlafaxine

#### Synthetic Cathinones (Bath Salts)
- Butylone

#### Alcohol
- Ethylene
- Mephedrone
- Methylene

#### Illicit Drugs
- 6-MAM (Heroin Metabolite)
- Benzoylecgonine (Cocaine Metabolite)
- cTHC (Marijuana Metabolite)

#### Other Substances
- Naloxone
- Naltrexone
- Trazadone
- Zolpidem

#### Stimulants
- Naloxone
- Methylphenidate
- Zolpidem

#### Muscle Relaxants
- Naloxone
- Methylphenidate
- Zolpidem

#### Enantiomeric Testing
- Enantiomeric Testing

#### Other Substances
- MDMA (Ecstasy)
- Methamphetamine
- Dextromethorphan
- Gabapentin
- Ketamine & Metabolite: Norketamine
- Levamisole
- Naloxone
### VALIDITY TESTING (Please Select One Option)

- □ YES Specimen Validity Testing: Creatinine, Oxidant, pH, Specific Gravity
- □ NO Specimen Validity Testing

### ORGANIZATIONAL INFORMATION

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

### CUSTOM REQUESTS

### PHYSICIAN AUTHORIZATION

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.

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.

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.

- □ Please DO NOT use any Custom Profile (signature required)

| Physician Name: |  |
| Physician Signature: |  |
| Date: | NPI #: |