



Kashi Clinical Laboratories
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REQUEST FOR CUSTOM PROFILE

Please call us at (503) 206 4989 to place orders.

1 TESTS IN CUSTOM PROFILE	
Confirmatory Testing	Test Ordered
Natural and Semi-Synthetic Opioids	
Codeine	<input type="checkbox"/>
Morphine	<input type="checkbox"/>
Hydrocodone	<input type="checkbox"/>
Norhydrocodone	<input type="checkbox"/>
Hydromorphone	<input type="checkbox"/>
Oxycodone	<input type="checkbox"/>
Noroxycodone	<input type="checkbox"/>
Oxymorphone	<input type="checkbox"/>
Buprenorphine & Metabolite: Norbuprenorphine	<input type="checkbox"/>
Synthetic Opioids	
Fentanyl & Metabolite: Norfentanyl	<input type="checkbox"/>
Methadone & Metabolite: EDDP	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>
Tapentadol	<input type="checkbox"/>
Normeperidine	<input type="checkbox"/>
Benzodiazepines	
Alpha-Hydroxalprazolam	<input type="checkbox"/>
7-Amino-Clonazepam	<input type="checkbox"/>
Diazepam:	<input type="checkbox"/>
Nordiazepam	<input type="checkbox"/>
Temazepam	<input type="checkbox"/>
Oxazepam	<input type="checkbox"/>
Lorazepam	<input type="checkbox"/>
Stimulants	
Amphetamine	<input type="checkbox"/>
Methylphenidate	<input type="checkbox"/>
Alcohol	
Ethyl Glucuronide & Ethyl Sulfate	<input type="checkbox"/>
Barbiturates	
Butalbital	<input type="checkbox"/>
Phenobarbital	<input type="checkbox"/>
Secobarbital	<input type="checkbox"/>
Muscle Relaxants	
Carisoprodol	<input type="checkbox"/>
Meprobamate	<input type="checkbox"/>
Illicit Drugs	
6-MAM (Heroin Metabolite)	<input type="checkbox"/>
Benzoyllecgonine (Cocaine Metabolite)	<input type="checkbox"/>
cTHC (Marijuana Metabolite)	<input type="checkbox"/>
MDMA (Ecstasy)	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>
Mitragynine (Kratom)	<input type="checkbox"/>
Phencyclidine (PCP)	<input type="checkbox"/>
Other Substances	
Dextromethorphan	<input type="checkbox"/>
Gabapentin	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>
Naloxone	<input type="checkbox"/>
Naltrexone	<input type="checkbox"/>
Zolpidem	<input type="checkbox"/>
Enantiomeric/Chiral Testing (performed on request*)	
Amphetamine & Methamphetamine d/l-Isomer Testing	<input type="checkbox"/>
<i>*Please note enantiomeric/chiral testing for amphetamine and methamphetamine positive samples must be requested on a sample by sample basis</i>	
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 ORGANIZATION INFORMATION		
Practice Name		
Practice Address		
City	State	ZIP
Clinic Contact Person		
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> <input type="checkbox"/> Please DO NOT use any Custom Profile (signature required)
Physician
NPI#
Date:
Signature
<i>*Signatures are required for all physicians sending specimen to Kashi Clinical Laboratories</i>