



CLIENT SERVICES
MANUAL

First Choice Laboratory, LLC

6061 NE 14 Avenue Fort Lauderdale, FL 33334

1-954-800-1000/Fax 954-800-1111/E-Mail support@firstchoicelaboratory.com

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Scope of Practice

First Choice Laboratory is committed to providing quality services to our patients and clients. The Lab complies with all laws and regulations regarding laboratory testing and operations.

The lab shall ensure the accuracy, precision and timeliness of lab related services and activities by:

- Using state-of-the art technology systems to ensure effective data performance and reporting
- Developing effective and efficient standards to comply with State, Federal government, and other regulatory agencies
- Educating and training the laboratory staff to ensure quality results.
- Providing open communication and feedback mechanisms to ensure standards are met.

In an effort to help our clients with our laboratory services, we have established a Client Resource Manual. This manual includes guidelines for sending Lab testing to First Choice Laboratory and helpful information related to lab services. It also reviews some of the important policies as well as patient instructions for specimen collection.

Mission Statement

First Choice Laboratory provides leading-edge medical laboratory tests and services. Our products and services benefit patients, healthcare providers, pharmaceutical companies, life insurance companies and employers. Whether the needs are large or small, routine or complex, physicians and patients can depend on us for access to a full range of the highest quality diagnostic testing.

Business Directory

Laboratory Director:	Stephen J. Nelson, M.D.
General Manager:	William Cleveland B.A. (CLS)
Clinical Consultant:	Stephen J. Nelson, M.D.
General Supervisor:	Mohamed Remtulla Ph.D.
Technical Supervisor:	David Beaver B.S. M.T (ASCP)
CLIA #:	10D2058062
AHCA #:	800027078
BUSINESS HOURS:	Monday thru Friday, 09:00 am 05:00pm

Client Services Contact information

Phone: 954-800-1000

FAX: 954-800-1111

E-Mail: support@firstchoicelaboratory.com

Toxicology and Urine Chemistry Test Menu All samples are random urine collections		
Test/ Analyte	Normal Patient Reference	Cut-Off ng/mL
6-MAM	Negative	6
Fentanyl	Negative	6
NorFentanyl	Negative	6
Buprenorphine	Negative	8
PCP	Negative	7.5
Oxycodone	Negative	38
Norhydrocodone	Negative	37.5
Noroxymorphone	Negative	37.5
Noroxycodone	Negative	37.5
Meperidine	Negative	38
Tapentadol	Negative	38
Norbuprenorphine	Negative	37.5
Naloxone	Negative	75
Benzoyllecgonine	Negative	38
THC-COOH	Negative	45
Alprazolam	Negative	60
A-OH-Alprazolam	Negative	60
7-aminoclonazepam	Negative	60
Nordiazepam	Negative	60
Oxazepam	Negative	60
Lorazepam	Negative	60
Temazepam	Negative	60
Codeine	Negative	75
Hydrocodone	Negative	75
Morphine	Negative	75
Hydromorphone	Negative	75
Oxymorphone	Negative	75
Tramadol	Negative	75
O-Desmethyltramadol	Negative	75
Methadone	Negative	75
EDDP	Negative	75
Propoxyphene	Negative	75
Norpropoxyphene	Negative	75
Carisoprodole	Negative	75
Meprobamate	Negative	75
Amphetamine	Negative	75
Methamphetamine	Negative	75
MDMA	Negative	75
Normeperidine	Negative	37.5
Amitriptyline	Negative	75
Clomipramine	Negative	75

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Desmethyldoxepine	Negative	75
Desipramine	Negative	75
N-Desmethyldclomipramine	Negative	75
Doxepine	Negative	75
Floxedine HCL	Negative	75
Imipramine	Negative	75
MDPV	Negative	75
Nortriptyline	Negative	75
Norfluoxetine	Negative	75
Paroxetine	Negative	75
Ritalinic Acid	Negative	75
Venlafaxine	Negative	75
Phenobarbital	Negative	75
Butalbital	Negative	125
Cyclobenzaprine	Negative	75
JWH-018 5-pentanoic acid	Negative	15
JWH-073 4-butanoic acid	Negative	15
Mitragynine	Negative	15
Zolpidem-COOH	Negative	75
Pregablin	Negative	225
Gabapentin	Negative	225

Supplies and Requisitions

Test requisitions and sample cups are provided to clients. Contact client services at 954-800-1000 or Support@firstchoicelaboratory.com with the name of the facility and the quantity of the supplies needed. Supplies Request Form (add link)

Client Supplies Checklist

- ☐ New Account Set-Up Form
- ☐ Physician Custom Profile Forms
- ☐ Test Requisition Form
- ☐ Patient Information

Courier Service and Specimen Pickup

Courier services are provided by Fed-ex and UPS

Contact client services at 954-800-1000 for specimen pickup

Packaging of Urine Specimen

Urine is to be collected in clean, urine specimen cup free of preservatives and contaminants. Ensure that the container cap and lid fit properly and tightened to prevent leakage. Place the urine container in one pouch the requisition in the other of the Specimen transport bag. Check for leakage before sealing the pouch. Specimen may be refrigerated for up to 5 days prior to transport to laboratory.

Guidelines for Sending Samples to First Choice Laboratory

1) Patient Test Management

The laboratory will provide written documentation which traces and verifies the integrity of patient's results from specimen collection to the reported results. The following handling protocol should be followed.

2) Lab Test Orders

- a) Requests for lab work are ordered on a Laboratory Test Requisition
- b) The Test requisition will contain the following information and should be completely filled in. (see Test Requisition Form)
 - 1) Practice Information
 - a) Office
 - b) Requesting Physician
 - c) Diagnosis codes
 - 2) Patient Information
 - a) Full Name
 - b) Gender
 - c) S/S
 - d) DOB
 - e) Height Weight
 - f) Insurance Carrier
 - g) Policy Number
 - 3) Specimen Information
 - a) Date Collected
 - b) Time Collected
 - c) Temperature
 - d) Collector's Name
 - 4) Workers Comp
 - a) Date of injury
 - 5) A Select Testing Option
 - a) Use Custom Profile
 - b) No POC Test Performed
 - 6) Record Point-Of-Care Results & Order Tests
 - 7) Order Test
 - 8) Order Specimen Validity
 - 9) Indicate Patient Prescribed Medications
 - 10) Special Instructions

3) Collection and Processing

Established policies and procedures will be followed for patient and specimen identification, processing, storage and rejection. Processors will review the requisition for completeness. The ***Laboratory Follow-Up Request Form*** (see attached) is used to assist the processing department in providing quality lab services and continual follow-up.

4) Patient Identification:

- a) The patient's identity should be verified using two separate identifiers. The patient's full name and either Social Security number or date of birth will be verified. The collector should ask the patient to state their full name, correct spelling and SS# or date of birth.
- b) The collector should also verify the correct information on the physician order.
 - i) Name of ordering physician
 - ii) Address of ordering physician
 - iii) Name of patient and second identification
 - iv) Tests to be completed
 - v) Diagnosis code
 - vi) Other clinical information necessary to process the test request

5) Specimen Labeling, Handling and Transport

- a) The samples should be labeled with the patient's full name and one other identifier to include either Social Security number or date of birth.
- b) The Requisition should have the time/date and initials of collector noted.
- c) All specimens are to be labeled immediately upon collection. Urine samples should not be labeled before they are collected.
- d) Specimen may be refrigerated for up to 5 days prior to transport to laboratory.
- e) Client is to call laboratory to arrange for specimen transport.

6) Receipt of Specimens into the Laboratory

- a) The samples will be entered into the laboratory information system upon receipt into the laboratory. The lab requisition is reviewed for complete and accurate information. Any errors or incomplete work will be documented in the LIS and reviewed daily for follow-up.
- b) The date and time of receipt into the lab is verified to ensure proper storage and transport guidelines have been followed.
- c) If there is any question as to integrity of the specimens, testing to be ordered, any missing information, etc. the processor will add additional comments to the requisition which will initiate automatic follow-up. (See Specimen Rejection Policy below)
- d) A Laboratory Follow-Up Request Form is used to ensure follow-up is complete and that there is no delay in testing. The form is faxed to the physician office or client for completion.

7) Reporting and Expected Turn-around-time

- a) Results are reported via the Laboratory Information System
- b) Expected turn-around-time for lab results is determined by the test method
- c) Urine drug screening results are completed within 8 hours of receipt into the Laboratory

Helpful Specimen Collection Information

The laboratory has established guidelines for specimen collection, patient preparation, processing, labeling and storage. Helpful information is defined in the "specimen Collection, Integrity and Rejection

Guidelines. (See below)

Patient Instruction for Collecting Urine Samples

- 1) Wash hands.
- 2) Allow urine to flow into the collection container.
- 3) Screw the top on securely.
- 4) Wipe the outside of the container to remove any excess fluid.
- 5) Wash hands.
- 6) Deliver the sample to the collection personnel immediately.
- 7) If there is difficulty in obtaining a sample, please notify the collection person or lab representative.

Specimen Collection, Integrity and Rejection Guidelines:

The laboratory has written protocol for testing done in the Laboratory. Guidance is provided for each test, collection/processing, sample storage, rejection and special collection notes

- 1) The following samples will be unacceptable for testing and will be rejected
 - a) Unlabeled or mislabeled specimens
 - b) Samples that are noted as Quantity Not Sufficient for testing.
 - c) Specimens that have exceeded acceptable time frames for processing and Storage.
 - d) Missing Physician Name/signature/date
 - e) Missing Diagnostic Code
 - f) Patient name/signature & Date
 - g) Patient gender
 - h) Collection date/Collection time
 - i) Sample Temperature
 - j) Collectors name
 - k) Unlabeled Specimen Container

If the laboratory receives a specimen and the reason for rejection cannot be resolved in a timely manner. Documentation will be faxed requesting a new specimen.

Specimen Retention

Upon completion of testing First Choice Laboratory, LLC will retain an aliquot of each sample refrigerated 2-8°C for 21 calendar days.

Reflex Testing

The Executive Committee of the Medical Staff has approved the following testing to be performed automatically (reflexed) by First Choice Laboratory: Comprehensive Urine Drug Screen and Oral Fluid Drug Confirmation.

Specimen results are evaluated based on numerical data and instrument flags.

Additional Testing on Previously Collected Specimens

First Choice Laboratories accepts requests for additional testing to be performed on specimens already received in the laboratory. The laboratories accept add on requests only on those analyses that maintain their integrity during storage. Addition of tests depends on the stability of the analyses.

Call the laboratories for specific information.

Request Additional Testing

- 1) Contact the laboratory to determine if the add-on can be done.
- 2) Fax over to (954-800-1111) a new requisition with “ADD TEST” written under the Special Instruction section of the form and the new test box checked.

Reporting of Results

Reports are delivered electronically, by fax, Website or by email. Clients are given an internet identity to access their results via our Orchard Webstation.

Cancellations

Test may be cancelled without charge while it is in transit. To cancel a test, call the client services phone number. If a test has been assayed cancellation will not be accepted and the test will be billed.

Confidentiality

First choice Laboratory, LLC is committed to protecting the confidentiality of individuals' private laboratory test results and other personal information in compliance with all federal, state and local laws and regulations.

First Choice Laboratory, LLC
6061 NE 14th Avenue Fort Lauderdale, FL 33334
Phone: 954-800-1000 Fax: 954-800-1111 E-mail: support@firstchoicelaboratory.com

FAX

To: _____

Fax: _____ **From:** **First Choice Laboratory**

Phone: **954-800-1011** **Pages:** (Including cover letter)

Re: **Requisition Form Errors**

Date: _____

☐ Urgent ☐ For Review ☐ Please Comment ☒ **Please Reply** ☐ Please Recycle

Comments: _____

To prevent delays please ensure the following are filled out on every requisition form:

- _____ **Clinic information pre-filled**
- _____ **Requesting physician name**
- _____ **Diagnosis Code**
- _____ **Patient name**
- _____ **Patient gender**
- _____ **Collection date**
- _____ **Collection time**
- _____ **Sample temperature**
- _____ **Collector's name**
- _____ **Testing option (Box A)**
- _____ **Patient signature**
- _____ **Patient date**
- _____ **Physician signature**
- _____ **Physician signature date**

Please fax completed forms to First Choice Laboratory

Laboratory Follow-Up Request Form

Facility name: _____

Ordering provider: _____ Fax number: _____

Patient name: _____ Requisition number _____

DOB: _____ Date collected: _____ received: _____

We are in need of the following information. Either the documentation received was incomplete Or illegible. In order to process the sample in a timely manner, please fax response

- ☐ Please indicate the ordering provider (not listed on requisition form)._____
- ☐ Unlabeled Specimen. Testing cannot be run performed, please recollect specimen.
- ☐ Please provide full patient demographics (SSN, DOB, Address, phone number and current insurance information).
- ☐ No orders received. Please provide orders.
- ☐ Missing / Invalid ICD-9 Codes. Please provide valid ICD-9 codes_____
- ☐ Name verification. Please provide patient's full legal name._____
- ☐ Requisition form lacking two identifiers. Please verify patient's date of birth if you would like us to process the specimen._____
- ☐ Please verify the date of collection._____
- ☐ Name on Specimen does not match Name on requisition form. If name on specimen is correct please provide a corrected requisition form
- ☐ Other_____

Provider signature (required) _____ate: _____

The contents of this message and any attachments are intended solely for the addressee(s) named in this message. This communication is intended to be and to remain confidential and may be subject to applicable attorney/client and/or work product privileges. If you are not the intended recipient of this message, or if this message has been addressed to you in error, please immediately alert the sender then destroy this message and its attachments. Do not deliver, distribute or copy this message and/or any attachments and if you are not the intended recipient, do not disclose the contents or take any action in First Choice Laboratory, LLC upon the information contained in this communication or any attachments.

☐ Initial Notice Date: _____ Lab Assistant _____

☐ Second Request Date: _____ Lab Assistant _____

☐ ***FINAL NOTICE***

If a response is not received within two business days specimen will be discarded.

Date: _____ Lab Assistant _____

As a valued customer, we would appreciate you

es. All

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comments are confidential and will be helpful in improving our laboratory.
Thank you for your input.

Account Name:_____

Date:_____

Criteria	Yes / No
1. Are lab results timely? Comments:	
2. Are phone calls answered in a timely manner and handled satisfactory? Comments:	
3. Are Laboratory staff helpful, courteous and professional? Comments:	
4. For patient collected samples, were instructions given? Comment:	
5. Any other concerns, complaints or suggestions for improvement?	

Billing

Patient Billing

The patient's legal full name, date of birth and patient identification number must appear on the test request form. A copy of the patient's insurance cards and/or copy of the physician encounter form must accompany the specimen. International Classification of Disease (ICD-9) Codes are required and must be medically necessary for the test ordered. CPT Codes provided are based on the AMA guidelines and are for informational purposes only

Medicare/Medicaid/Third Party Billing

First Choice Laboratory, LLC will bill Medicare/Medicaid/third Party carriers directly if complete billing information is provided. The patient's legal full name, date of birth and patient identification number must appear on the test request form. A copy of the patient's insurance cards and/or copy of the physician encounter form must accompany the specimen. International Classification of Diseases (ICD 9) codes are required. Please provide the ICE-9 code that most accurately describes the patient condition. When ordering test for patients under Medicare, physicians or providers should only order tests that are medical necessary for the diagnosis and treatment of a patient. CPT codes provided are based on the AMA guidelines and are for information purposes only

Blank Forms

New Account Set-Up Form


FIRST CHOICE
LABORATORY
6061 NE 14th Avenue, Fort Lauderdale, FL 33334
Phone: 954-800-1000 | Fax: 954-800-1111
www.firstchoicelaboratory.com

New Account Set-Up Form

Account Sales Rep Information:				
Rep Group:		Sales Rep Phone Number:		
Sales Rep Name:		Sales Rep Fax Number:		
Sales Rep Address:		Sales Rep Email:		
Account Information:				
Physician/Group Practice		Office Manager Name:		
Address:		Office Manager Phone Number:		
Address:		Billing Contact Name:		
City:	State:	Zip:	Billing Contact Phone Number:	
Phone Number:		Office Hours:		
Fax Number:		EMR Provider:		
Physician Information:				
Physician Name:	Specialty:	LIC#:	NPI#:	PECOS: Y/N
1)				<input type="checkbox"/> Y <input type="checkbox"/> N
2)				<input type="checkbox"/> Y <input type="checkbox"/> N
3)				<input type="checkbox"/> Y <input type="checkbox"/> N
Account tests to be administered:				
<input type="checkbox"/> Drug Testing <input type="checkbox"/> Saliva <input type="checkbox"/> Urine		<input type="checkbox"/> DNA Testing <input type="checkbox"/> Saliva		<input type="checkbox"/> BLOOD <input type="checkbox"/> WELLNESS <input type="checkbox"/> ALLERGY <input type="checkbox"/> OTHER TESTING
Account FedEx Pickup and Reporting				
Please specify if the Physician/Group Practice needs a regular FedEx pickup day(s) scheduled or if regular pickups are already occurring.				
<input type="checkbox"/> Not Needed <input type="checkbox"/> Daily (M-F) <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri (Please select day(s) required)				
Report Preference (Check all that apply): <input type="checkbox"/> Report Portal <input type="checkbox"/> Mail <input type="checkbox"/> Fax-HIPAA Compliant				
The following person should be an employee of the Physician/Group Practice that will manage the report portal for the account.				
Report Portal Contact Name:		Report Portal Contact Phone:		Report Portal Contact Email:
By signing below, I authorize First Choice Laboratory to send patient lab result reports to the person above using the report preference method selected above.				
Office Manager/Physician	Print Name:			
Office Manager/Physician	Signature:			Date:

Please use this form for each location (Page 1 of 1)

Physician Custom Profile



6061 NE 14th Avenue, Fort Lauderdale, FL 33334
Phone: 954-800-1000 | Fax: 954-800-1111
www.firstchoicelaboratory.com

Physician Custom Profile

Sales Rep _____

Date _____

Practice Information:			
Physician/Group Practice			Office Manager Name:
Address:			Office Manager Phone Number:
Address:			Billing Contact Name:
City:	State:	Zip:	Billing Contact Phone Number:
Phone Number:			Office Hours:
Fax Number:			EMR Provider:
Qualitative Screening Test Requested. (If individual drug classes are preferred, please see following box)			
<input type="checkbox"/> Comprehensive Qualitative Urine Screening Panel : Amphetamine, Barbiturates , Benzodiazepines , Buprenorphine, Cocaine , THC, Methamphetamine, MDMA, Opiates , Methadone, Oxycodone, Phencyclidine , Alcohol, Propoxyphene			
Drug Classes. (Please check all that apply if not using above qualitative screening panel)			
<input type="checkbox"/> Amphetamine	<input type="checkbox"/> MDMA		
<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Opiates		
<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Methadone		
<input type="checkbox"/> Buprenorphine	<input type="checkbox"/> Oxycodone		
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Phencyclidine		
<input type="checkbox"/> THC	<input type="checkbox"/> Alcohol		
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Propoxyphene		
Specimen Validity Test Requested			
<input type="checkbox"/> Specimen Validity Test : (Includes Creatinine, pH, Specific Gravity, and Nitrite)			
If not using above Specimen Validity Test, please check all that apply. <input type="checkbox"/> Creatinine <input type="checkbox"/> pH <input type="checkbox"/> Specific Gravity <input type="checkbox"/> Nitrite			
Quantitative Confirmation Test Requested			
TO COMPLETE YOUR QUANTITATIVE CONFIRMATION PROFILE, PLEASE CHECK ALL THAT APPLY IN THE FOLLOWING BOXES			
Positive and Prescribed Negative Test Requested			
<input type="checkbox"/> Quantitatively confirm all POSITIVES from qualitative screening			
<input type="checkbox"/> Quantitatively confirm all PRESCRIBED NEGATIVES from qualitative screening			

Drug Classes: (Please select drug classes from the list below to complete your custom profile. FCL will test for all drugs we offer within each class unless excluded in special instructions. See following box for individual drug and metabolites.)

- | | |
|--|--|
| <input type="checkbox"/> AMPHETAMINES
(Amphetamines, Ritalinic Acid)
<input type="checkbox"/> BARBITURATES
(Butalbital, Phenobarbital)
<input type="checkbox"/> BENZODIAZEPINES
(7-Aminoclonazepam, Alprazolam, aOH-Alprazolam, Lorazepam, Nordiazepam, Oxazepam, Temazepam)
<input type="checkbox"/> GABA INHIBITOR
(Gabapentin, Pregabalin)
<input type="checkbox"/> ILLICITS
(6-Acetylmorphine, Benzoyllecgonine/Cocaine, MDMA/Ecstasy, Methamphetamine, Phencyclidine, THC-COOH, JWH-073 4-butanoic acid, JWH-018 5-pentanoic acid, MDPV, Mitragynine)
<input type="checkbox"/> OPIATES/OPIOIDS
(Codeine, Hydrocodone, Hydromorphone, Morphine, Oxycodone, Oxymorphone) | <input type="checkbox"/> RELAXANT/SLEEP AID
(Carisoprodol, Meprobamate, Zolpidem, Cyclobenzaprine)
<input type="checkbox"/> SSRI/SNRI
(Fluoxetine, Norfluoxetine, Paroxetine, Venlafaxine)
<input type="checkbox"/> SYNTHETIC OPIATES/OPIOIDS
(Buprenorphine, EDDP, Fentanyl, Meperidine, Methadone, Norbuprenorphine, Norfentanyl, Normeperidine, Norpropoxyphene, O-desmethyltramadol, Propoxyphene, Tapentadol, Tramadol)
<input type="checkbox"/> TRICYCLIC ANTIDEPRESSANTS
(Amitriptyline, Clomipramine, Desipramine, Desmethylclomipramine, Desmethyldoxepin, Doxepin, Imipramine, Nortriptyline)
<input type="checkbox"/> SYNTHETIC CANNABINOIDS
(Spice/K2)
<input type="checkbox"/> DESIGNER CATHINONES
(Bath Salts/MDPV) |
|--|--|

Drug List: (Please select drugs from the list below to complete your custom profile.)

- | | |
|--|---|
| <input type="checkbox"/> 6- MAM/ Heroin metabolite
<input type="checkbox"/> 7- Aminoclonazepam/Klonopin®
<input type="checkbox"/> a- Hydroxyalprazolam/Xanax®
<input type="checkbox"/> Alprazolam/Xanax®
<input type="checkbox"/> Amitriptyline/Elavil®
<input type="checkbox"/> Amphetamine/Adderall®
<input type="checkbox"/> Benzoyllecgonine/Cocaine metabolite
<input type="checkbox"/> Buprenorphine/Butrans®/Suboxone®
<input type="checkbox"/> Butalbital
<input type="checkbox"/> Carboxy-zolpidem/Ambien®
<input type="checkbox"/> Carisoprodol/Soma®
<input type="checkbox"/> Clomipramine/Anafranil®
<input type="checkbox"/> Codeine
<input type="checkbox"/> Cyclobenzaprine/Flexeril®
<input type="checkbox"/> Bath Salts/MDPV
<input type="checkbox"/> Desipramine/Norpramin®
<input type="checkbox"/> Desmethylclomipramine/Anafranil metabolite
<input type="checkbox"/> Desmethyldoxepin/Sinequan®
<input type="checkbox"/> Desmethylvenlafaxine/Pristiq®
<input type="checkbox"/> Diazepam/Valium®
<input type="checkbox"/> Doxepin/Sinequan® | <input type="checkbox"/> EDDP/Methadone metabolite
<input type="checkbox"/> Fentanyl/Actiq®
<input type="checkbox"/> Fluoxetine/Prozac®
<input type="checkbox"/> Gabapentin/Neurontin®
<input type="checkbox"/> Hydrocodone
<input type="checkbox"/> Hydromorphone/Dilaudid®
<input type="checkbox"/> Imipramine/Tofranil®
<input type="checkbox"/> Lorazepam/ Ativan®
<input type="checkbox"/> MDMA/ Ecstasy
<input type="checkbox"/> Meperidine/Demerol®
<input type="checkbox"/> Meprobamate/Equanil®
<input type="checkbox"/> Methadone/Methadose®
<input type="checkbox"/> Methamphetamine/Desoxyn®
<input type="checkbox"/> Mitragynine/Kratom®
<input type="checkbox"/> Morphine/MS Contin®
<input type="checkbox"/> Norbuprenorphine/Butrans®/Suboxone®
<input type="checkbox"/> Nordiazepam/Nordaz®
<input type="checkbox"/> Norfentanyl/Actiq®
<input type="checkbox"/> Norfluoxetine/Prozac metabolite
<input type="checkbox"/> Normeperidine/Demerol®
<input type="checkbox"/> Norpropoxyphene/Darvon® |
|--|---|

Drug List: *(Please select drugs from the list below to complete your custom profile.)*

- | | |
|--|--|
| <input type="checkbox"/> Nortriptyline/Pamelor [®] | <input type="checkbox"/> Propoxyphene/Darvon [®] |
| <input type="checkbox"/> O-desmethyltramadol/Ultram [®] | <input type="checkbox"/> Ritalinic Acid/Ritalin, Concerta [®] |
| <input type="checkbox"/> Oxazepam/Serax [®] | <input type="checkbox"/> Synthetic Cannabinoids (Spice/K2) |
| <input type="checkbox"/> Oxycodone/Oxycontin [®] | <input type="checkbox"/> Tapentadol/Nucynta [®] |
| <input type="checkbox"/> Oxymorphone/Opana [®] | <input type="checkbox"/> Temazepam/Restoril [®] |
| <input type="checkbox"/> Paroxetine/Paxil [®] | <input type="checkbox"/> THC-COOH/Marijuana |
| <input type="checkbox"/> PCP/Angel Dust | <input type="checkbox"/> Tramadol/Ultram [®] |
| <input type="checkbox"/> Phenobarbital | <input type="checkbox"/> Venlafaxine/Effexor [®] |
| <input type="checkbox"/> Pregabalin/Lyrica [®] | <input type="checkbox"/> Zolpidem/Ambien [®] |

Special Instructions

Physician Authorization and Acknowledgment

I understand FCL offers a custom profile option to all of their physicians. This profile allows each physician to create a testing panel that fits directly with their treatment plans. Besides requesting my Custom profile, I can also order any combination of individual tests. I certify that the tests ordered are medically necessary. I agree to contact FCL immediately if my Custom profile does not adequately reflect my patient's needs. I may modify my Custom profile at any time if needed.

I understand and agree to the statement above. I authorize FCL to perform the Custom profile that I have designated on this form, as I authorize it for my patients on their order forms. At any time, I can modify my Custom profile by contacting FCL and may also order individual tests on any specimen.

I understand and agree to the Physician Acknowledgment and Authorization Statement above.

Physician: _____ NPI#: _____

Signature: _____ Date: _____

First Choice Laboratory, LLC
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Patient Results Report



First Choice Laboratory, LLC
Results Report

First Choice Laboratory, LLC
6061 NE 14th Avenue
Fort Lauderdale, FL 33334
Phone: 954-800-1000
Fax: 954-800-1111

CLIENT INFORMATION

Account: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED]
Fax: [REDACTED]
Provider: [REDACTED]

PATIENT INFORMATION

Name: [REDACTED]
DOB: 3/16/1949
Gender: M
Date of injury: [REDACTED]

SPECIMEN INFORMATION

Requisition Number: [REDACTED]
Lab Accession Number: [REDACTED]
Date Collected: 11/16/2016
Date Received by Lab: 11/17/2016 11:47 AM
Sample Type: Urine
Date Reported: 12/7/2016
Certified Date: 11/24/2016

Medications: Percocet

CONSISTENT POSITIVE RESULTS - Suggests that the patient has been taking medication as prescribed

PRESCRIBED MEDICATION	RESULT	COMMENTS
Oxycodone*	351 ng/mL	
Oxymorphone*	1726 ng/mL	

INCONSISTENT POSITIVE RESULTS - Suggests that the patient may be taking illicit or unprescribed substances

DETECTED SUBSTANCE	RESULT	COMMENTS
Cyclobenzaprine*	718 ng/mL	

HISTORICAL RESULTS for urine collected

DRUG	Result 1	Result 2	Result 3	Result 4	Result 5	Result 6
Cyclobenzaprine*						

LC/MS/MS Confirmation

LC/MS/MS Confirmation	Lab Result (ng/mL)	Cutoff (ng/mL)	Interpretation	Expected	Comments
Amphetamines Urine Panel			Certified by: Remtulla, Mohamed A.		
Amphetamine*		75	Not Detected		
Ritalinic Acid*		75	Not Detected		
Barbiturates Urine Panel			Certified by: Remtulla, Mohamed A.		
Butalbital*		125	Not Detected		
Phenobarbital*		75	Not Detected		
Benzodiazepines Urine Panel			Certified by: Remtulla, Mohamed A.		
7-Aminoclonazepam*		60	Not Detected		
Alprazolam*		60	Not Detected		
aOH-Alprazolam*		60	Not Detected		
Lorazepam*		60	Not Detected		
Nordiazepam*		60	Not Detected		
Oxazepam*		60	Not Detected		
Temazepam*		60	Not Detected		
GABA Inhibitor Urine Panel			Certified by: Remtulla, Mohamed A.		

Laboratory testing was performed at First Choice Laboratory, LLC at 6061 NE 14th Avenue, Fort Lauderdale, FL 33334.

* This test was developed and its performance characteristics determined by First Choice Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration.

First Choice Laboratory, LLC

Lab Director: Stephen J. Nelson M.D.

CLIA #: 10D2058062

Patient Name: [REDACTED]

Specimen ID: [REDACTED]

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First Choice Laboratory, LLC
Results Report

First Choice Laboratory, LLC
6061 NE 14th Avenue
Fort Lauderdale, FL 33334
Phone: 954-800-1000
Fax: 954-800-1111

LC/MS/MS Confirmation	Lab Result (ng/mL)	Cutoff (ng/mL)	Interpretation	Expected	Comments
GABA Inhibitor Urine Panel (cont'd)			Certified by: Remtulla, Mohamed A.		
Gabapentin*		225	Not Detected		
Pregabalin*		225	Not Detected		
Illicits Urine Panel			Certified by: Remtulla, Mohamed A.		
6-Acetylmorphine (Heroin Metabolite)*		6	Not Detected		
Benzoyllecgonine (Cocaine Metabolite)*		38	Not Detected		
MDMA*		75	Not Detected		
Methamphetamine*		75	Not Detected		
Phencyclidine*		7.5	Not Detected		
THC-COOH*		45	Not Detected		
DESIGNER CANNABINOIDS					
JWH-073 4-butanoic acid*		15	Not Detected		
JWH-018 5-pentanoic acid*		15	Not Detected		
Mitragynine*		15	Not Detected		
DESIGNER CATHINONES					
MDPV*		75	Not Detected		
Opiates/ Opioids Urine Panel			Certified by: Remtulla, Mohamed A.		
Codeine*		75	Not Detected		
Hydrocodone*		75	Not Detected		
Hydromorphone*		75	Not Detected		
Morphine*		75	Not Detected		
Oxycodone*	351	38	Positive	Consistent	
Oxymorphone*	1726	75	Positive	Consistent	
Relaxant/ Sleep Aid Urine Panel			Certified by: Remtulla, Mohamed A.		
Carisoprodol*		75	Not Detected		
Meprobamate*		75	Not Detected		
Zolpidem*		75	Not Detected		
Cyclobenzaprine*	718	75	Positive	Inconsistent	
SSRI/SNRI Urine Panel			Certified by: Remtulla, Mohamed A.		
Fluoxetine*		75	Not Detected		
Norfluoxetine*		75	Not Detected		
Paroxetine*		75	Not Detected		
Venlafaxine*		75	Not Detected		
Synthetic Opiates/Opioids Urine Panel			Certified by: Remtulla, Mohamed A.		
Meperidine*		38	Not Detected		
Buprenorphine*		8	Not Detected		
EDDP*		75	Not Detected		
Fentanyl*		6	Not Detected		

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Lab Director: Stephen J. Nelson M.D.

CLIA #: 10D2058062

Patient Name: [REDACTED]

Specimen ID: [REDACTED]

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LC/MS/MS Confirmation	Lab Result (ng/mL)	Cutoff (ng/mL)	Interpretation	Expected	Comments
Synthetic Opiates/Opioids Urine Panel (cont'd)			Certified by: Remtulla, Mohamed A.		
Normeperidine*		37.5	Not Detected		
Norpropoxyphene*		75	Not Detected		
O-desmethyltramadol*		75	Not Detected		
Tapentadol*		38	Not Detected		
Tramadol*		75	Not Detected		
Methadone*		75	Not Detected		
Norbuprenorphine*		37.5	Not Detected		
Norfentanyl*		6	Not Detected		
Propoxyphene*		75	Not Detected		
Naloxone*		75	Not Detected		
Tricyclic Antidepressants Urine Panel			Certified by: Remtulla, Mohamed A.		
Amitriptyline*		75	Not Detected		
Clomipramine*		75	Not Detected		
Desipramine*		75	Not Detected		
Desmethyldesipramine*		75	Not Detected		
Desmethyldoxepin*		75	Not Detected		
Doxepin*		75	Not Detected		
Imipramine*		75	Not Detected		
Nortriptyline*		75	Not Detected		

Initial Screening Results	Lab Result	Cutoff (ng/mL)	Comments
Comprehensive Drug Screen- Urine -FCLL			Certified by: Remtulla, Mohamed A.
Amphetamines*	Negative	500	
Barbiturates*	Negative	200	
Benzodiazepines*	Negative	200	
Buprenorphine*	Negative	5	
Cocaine*	Negative	150	
Ecstasy*	Negative	500	
Ethyl Alcohol*	Negative	100	
Methamphetamine*	Negative	500	
Methadone*	Negative	300	
Opiates*	Negative	300	
Oxycodone*	Positive	100	
Phencyclidine*	Negative	25	
THC*	Negative	50	

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First Choice Laboratory, LLC Lab Director: Stephen J. Nelson M.D. CLIA #: 10D2058062
Patient Name: [REDACTED] Specimen ID: [REDACTED] Page 3

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SPECIMEN VALIDITY - Tests to determine if the sample has been adulterated				
TEST	RESULT	LEVEL	REFERENCE RANGE	INTERPRETATION:
PH*	Normal	5.7	3.0-11.0	[11/17/2016 11:48 AM] DILUTE = creatinine concentration is <20 mg/dL and the specific gravity is <=1.003; SUBSTITUTED = creatinine concentration is <=5 mg/dL and specific gravity is <=1.001 or >=1.020, REFERENCE: Public Health Services Notice (PD 035).
Specific Gravity*	Normal	1.007	1.003-1.030	
Urine Creatinine*	Normal	87.5	=>20 mg/dL	

This is the End of the Report.

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First Choice Laboratory, LLC Lab Director: Stephen J. Nelson M.D. CLIA #: 10D2058062
Patient Name: [REDACTED] Specimen ID: [REDACTED] Page 4

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