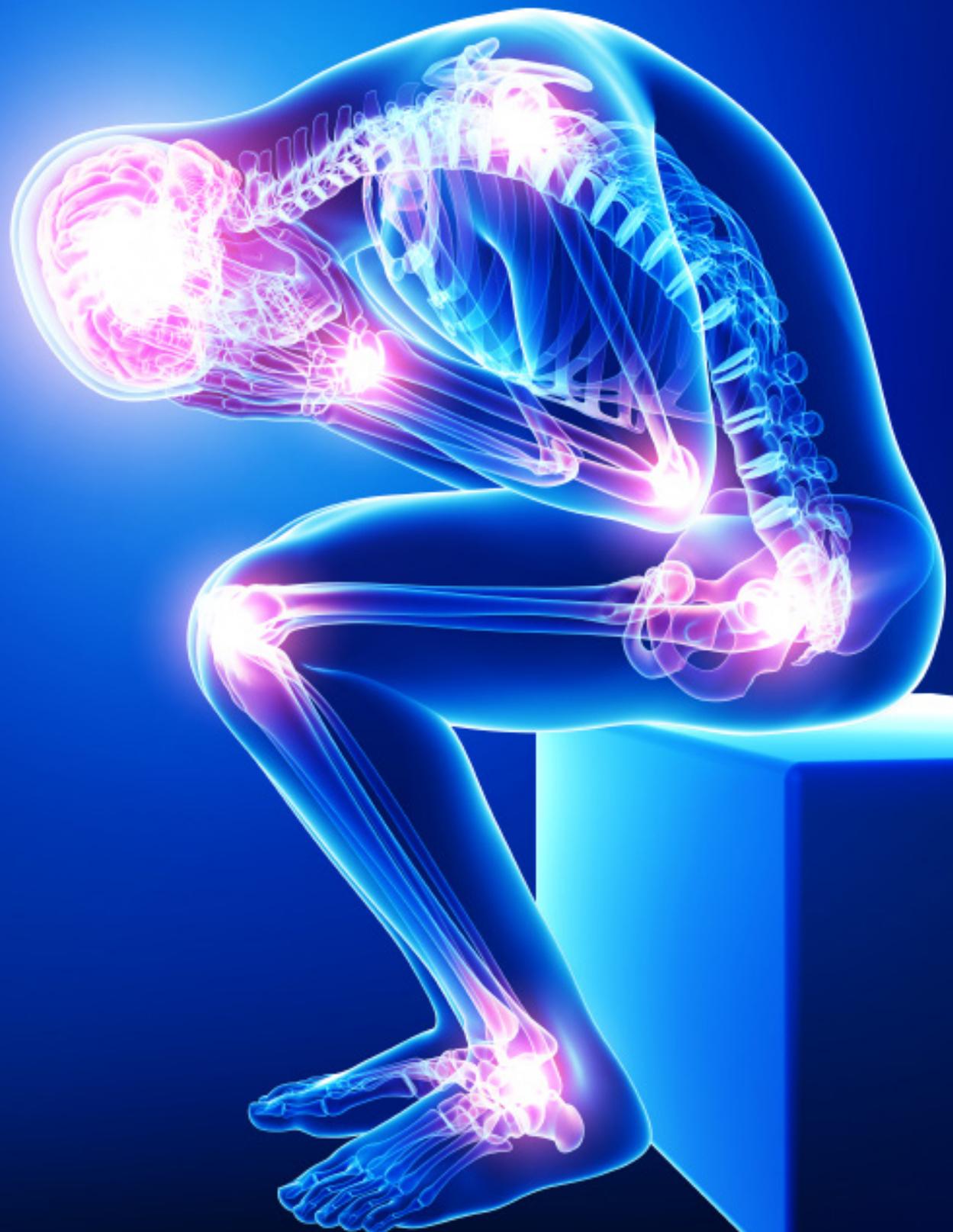


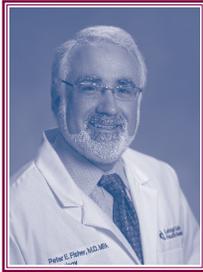
Health Network Laboratories

PAIN MANAGEMENT LABORATORY HANDBOOK





A Message from the President



Health Network Laboratories is your trusted resource for lab testing information. This particular handbook was developed exclusively for our pain management clients.

HNL performs over 60 million reportable tests annually and operates more than 50 patient access points throughout Pennsylvania and New Jersey. We are consistently rated highly by patients and physicians in all areas of laboratory performance and customer satisfaction. This is no small feat. Our dedicated team of almost 1,000 colleagues makes it happen - and they do it because they care about patients.

Led by a team of talented pathologists, scientists and other professionals, 99 percent of our tests are done-in-house, so you get the accurate results you need fast. In addition to pain management testing we can support your needs for both routine and esoteric testing including flow cytometry, molecular diagnostics, cytogenetics and sub-specialized anatomic pathology testing.

As a College of American Pathologists (CAP)-accredited laboratory, we meet the highest standards of excellence in quality laboratory practices. We remain committed to providing the highest quality laboratory testing for our clients and patients, coupled with courteous and responsive service, we strive to exceed your expectations.

I appreciate your support of Health Network Laboratories and hope to serve you and your patients for years to come.

A handwritten signature in cursive script that reads 'Peter Fisher'.

Peter Fisher, MD, MBA
President and CEO



INTRODUCTION

This handbook has been developed for use by our pain management clients.

FOREWORD

The Health Network Laboratories Handbook has been developed for use by all of our clients. The format and content are designed for your ready reference and as a tool to answer as many questions as possible. Please feel free to call the main laboratory, at 877-402-4221 (toll free), when unanswered questions regarding specimen requirements, test availability, and specimen handling arise.

The staff of Health Network Laboratories is committed to providing you with accurate information and courteous service. We will strive to exceed your requirements and provide you, our customers, with quality laboratory information.

MISSION STATEMENT

Health Network Laboratories is a multi-regional leader in laboratory medicine providing high-quality, courteous, and responsive service to our customers. Our staff of dedicated professionals works to ensure accurate, expert, cost-effective, and timely clinical information for the treatment and medical management of patients.

QUALITY STATEMENT

Our commitment is to quality in everything we do. This can only be achieved if all employees and clinicians strive to provide services that conform to clearly stated requirements. Employees and clinicians are dedicated to continuous improvement in the way work is performed. Our attitude shall embrace the concepts of "Conformance to requirements," "Prevention," "No error is acceptable," and "Do it right the first time."

SERVICE PROMISE

We promise to provide you with personalized, quality laboratory services. We will listen and respond to your needs with compassion, honesty, and integrity.

General Information and Services

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Health Network Laboratories® Your partner in pain management drug testing

What is an immunoassay?

The most common method used for traditional drug screening in the laboratory and all Point of Care (POC) devices is immunoassay. An immunoassay is a biochemical test that uses an antibody to detect a specific drug and/or drug metabolites in a sample. The ability of the immunoassay to detect the presence of the drug or similar drugs of that class is dependent on the concentration of the drug and the “cross-reactivity” of the assay to other drugs with similar structures. The drug(s) must be present in the sample at a concentration high enough to be detected by the assay. Although immunoassays are inexpensive, easy to use and provide rapid results, they are not without problems and should only be used as a screening test. Immunoassays are available for a limited number of drugs and they do not guarantee to detect the presence or absence of all drugs or drug metabolites in a particular drug class.

What is a “false negative”?

A “false negative” is a negative immunoassay result due to the concentration of the drug being below the detection limit of the assay (cutoff concentration) or the cross reactivity of the assay to other drugs of that class is too low to yield a positive result. For example, all Opiate immunoassays are designed to detect morphine at a specific concentration in a sample and will only detect codeine, hydrocodone or hydromorphone if the concentration of these drugs is above the cross reactivity threshold for these drugs. The traditional opiate immunoassay does NOT react or detect oxycodone and its metabolites unless the concentration is very high.

Benzodiazepine immunoassays generally are designed to detect diazepam and its metabolites and do NOT detect many of the newer drugs such as lorazepam or clonazepam or their primary metabolites unless the concentration of these drugs is extremely high.

What is a “false positive”?

A “false positive” is when a positive result is obtained due to the presence of a compound that may cross react with the antibody because it has a similar chemical structure to the target analyte. For example, dextromethorphan (a common ingredient in OTC cough medicines) may cause a positive result for both the opiate and PCP immunoassays while pseudoephedrine may cause a false positive methamphetamine or amphetamine screening test.

What is LC/MS/MS?

Liquid chromatography-tandem mass spectroscopy (LC/MS/MS) is the methodology used in a laboratory to both positively identify and also quantitate the drugs and/or their metabolites in a sample. This is normally referred to as a confirmation procedure to verify the results of a screening test, but is also used for drug testing when an immunoassay test is not available.

Why do I need to provide an accurate medication history? (Medication taken within the last 2-3 days)

In order for the laboratory to provide the best possible interpretation of results, it is important for us to know what medications the patient is being prescribed for pain and what you would like us to check for so the appropriate testing is performed. For example, a patient who is taking lorazepam or clonazepam may not have a positive immunoassay screen.

If this medication is listed in the medication list, an LC/MS/MS analysis will be performed regardless of the immunoassay results to rule out a false negative immunoassay.

The detection window for most drugs in a urine sample is generally only 1-3 days. If a drug is prescribed as needed but was not taken by the patient within 3 days of the urine sample collection, a negative result should be expected and would not warrant any additional testing.

When should I send a sample for confirmation testing if I am performing the POC screening test in my office?

Samples should be sent to the laboratory for confirmation/quantitation when a screening test is positive but the actual drug(s) in that drug class need to be identified (ie. opiates, benzodiazepines) or whenever the screening results are not consistent with patient medication history. The drug concentration in the urine may be too low for the immunoassay to detect, but the drug and/or metabolites can be detected by LC/MS/MS due to the higher specificity and sensitivity of this methodology.

What is 6-monoacetylmorphine (6-MAM) and how is it detected?

6-monoacetylmorphine is the intermediate metabolite of heroin (diacetylmorphine) and is quickly converted to morphine both in the body and in the collected sample (in vitro). The presence of 6-MAM in a urine sample confirms the recent use of heroin. However, because of the short detection window for this metabolite, its absence does not rule out use of heroin within the last 1-3 days. Quantitation/confirmation of opiates by LC/MS/MS (test code PPOPI), included in the analysis of 6 MAM and is the appropriate test to order for a positive opiate immunoassay test.

What is the expected turnaround time for a pain management drug screen report?

Drug testing for pain management or compliance monitoring usually requires confirmation/quantitation of several different drugs or drug classes with the expected TAT for a final report of 2-4 business days. Most of the LC/MS/MS analyses take 24-48 hours to complete and occasionally samples require a repeat analysis due to high concentration of drugs in the sample and the need to repeat testing with a dilution. All pain management testing and patient results are reviewed by a Certifying Scientist prior to the release of the final report to ensure testing is complete and reflects the appropriate interpretation on the report.

Who do I call if I have questions about a drug screen report?

If you have a questions or concerns regarding drug testing or a patient report, please call 877-402-4221 and ask to speak with someone in our Toxicology Department.

Pain Management Basic Profile - URINE

	Screen Cutoff ng/mL	Confirmation Cutoff ng/mL		Screen Cutoff ng/mL	Confirmation Cutoff ng/mL
Amphetamines	500		Cannabinoids	50	
Amphetamine		250	THC-COOH		15
Methamphetamine		250	Cocaine	150	
MDMA		250	Benzoyllecgonine		100
MDA		250	Opiates	300	
MDEA		250	Codeine		50
Barbiturates	200		Morphine		50
Butalbital		200	Hydrocodone		50
Pentobarbital		200	Hydromorphone		50
Phenobarbital		200	Norhydrocodone		50
Secobarbital		200	Oxycodone	100	
Benzodiazepines	200		Oxycodone		50
Alpha-OH-alprazolam		75	Oxymorphone		50
7-aminoclonazepam		75	Noroxycodone		50
Hydroxymidazolam		75	6-MAM		10
Lorazepam		75	Methadone	300	
Temazepam		75	Methadone		300
Diazepam		75	EDDP		300
Nordiazepam		75	Phencyclidine	25	25
Oxazepam		75			
Buprenorphine	5				
Buprenorphine		5			
Norbuprenorphine		5			

Analysis by LC/MS/MS with the following reporting limit

	Detection Limit (Reporting Limit) ng/mL
Fentanyl/Norfentanyl	1.0/1.0
Carisoprodol/Meprobamate	100/100
Meperidine/Normeperidine	50/50
Tramadol	100
Tapentadol/Tapentadol-O-Sulfate	100/100
Amitriptyline/Nortriptyline	50/50
Cyclobenzaprine	50
Duloxetine	50
Gabapentin	500
Methylphenidate/Ritalinic Acid	10/100
Pregabalin	500
Propoxyphene	300
Zolpidem	75

SPECIMEN REQUIREMENTS: 20 MLS URINE | TRANSPORT: AMBIENT TEMPERATURE

Urine Tests to Measure Pain Management Medication Compliance

Test Name	Brand/Alternate Names	Detection Window
6-MAM	Metabolite of heroin	1-2 days
7-Aminoclonazepam	Metabolite of clonazepam	1-10 days
Alpha-hydroxyalprazolam	Metabolite of alprazolam	1-10 days
Amphetamine	Adderall, , Dexedrine, Vyvanse	1-2 days
Amitriptyline	Elavil	Not established
Aripiprazole	Abilify	Not established
Buprenorphine	Butrans, Subutex, Suboxone	1-10 days
Butalbital	Esgic, Fioricet, Fiorinal	1-5 days
Carisoprodol	Soma	1-2 days
Clonazepam	Klonopin	1-10 days
Codeine	Tylenol 3, Tylenol 4	1-4 days
Cyclobenzaprine	Flexeril	Not established
Desmethyltramadol	Metabolite of tramadol	1-4 days
Diazepam	Valium	1-10 days
Duloxetine	Cymbalta	Not established
EDDP	Metabolite of methadone	1-10 days
Fentanyl	Actiq, Duragesic	1-4 days
Gabapentin	Neurontin	1-4 days
Hydrocodone	Vicodin, Norco, Lortab	1-4 days
Hydromorphone	Dilaudid, Exalgo	1-4 days

Urine Tests to Measure Pain Management Medication Compliance

Test Name	Brand/Alternate Names	Detection Window
Lorazepam	Ativan	Not established
Meperidine	Demerol	Not established
Meprobamate	Equanil	1- 4 days
Methadone	Dolophine, Methadose	1-10 days
Methamphetamine	Desoxyn, Methedrine, Vick's Inhaler, Illicit	1-5 days
Methylphenidate	Concerta, Ritalin	Not established
Morphine	Avinza, Kadian, Morphine IR, MS-Contin MSIR, Oramorph SR	1-4 days Not established
Norbuprenorphine	Metabolite of buprenorphine	1-10 days
Nordiazepam	Metabolite of diazepam	1-10 days
Norfentanyl	Metabolite of fentanyl	1-4 days
Nortriptyline	Aventyl, Pamelor	Not established
Oxazepam	Serax	1-10 days
Oxycodone	Percocet, OxyContin, Oxy IR, Roxicodone	1-4 days
Oxymorphone	Opana, Numorphan	1-4 days
Phencyclidine	Angel dust, PCP, Sernyl	Not established
Phenobarbital	Luminal, found in Bellergal-S, Donnatal	1-30 days
Pregabalin	Lyrica	1-4 days
Tapentadol	Nucynta	1-2 days
Temazepam	Restoril	1-10 days
THC-COOH	Metabolite of THC	Occasional User 1-4 days Frequent User 1-30 days
Tramadol	Ultram	1-4 days
Trazodone	Desyrel	Not established
Zolpidem	Ambien	Not established

10 Panel Cup Test For:

Marijuana	(THC)
Cocaine	(COC)
Opiates 300	(OPI 300)
Amphetamine	(AMP)
Methamphetamine	(MET)
Benzodiazepines	(BZO)
Buprenorphine	(BUP)
MDMA	(MDMA)
Methadone	(MTD)
Oxycodone	(OXY)

12 Panel Cup Test For:

Marijuana	(THC)
Cocaine	(COC)
Opiates 300	(OPI 300)
Amphetamine	(AMP)
Methamphetamine	(MET)
Barbiturates	(BAR)
Benzodiazepines	(BZO)
Phencyclidine	(PCP)
MDMA	(MDMA)
Methadone	(MTD)
Oxycodone	(OXY)
Tricyclic Antidepressants	(TCA)



PERFORMANCE IMPROVEMENT

Health Network Laboratories has a diagnostic service based on the development and adoption of test procedures having a high degree of clinical predictive value and efficiency. All services are provided by well-trained technologists/technicians to assure the highest degree of technical accuracy. Health Network Laboratories' staffs of M.D. /Ph.D. technical directors and technical specialists with advanced certifications are available to solve any technical problem, as well as to introduce new and innovative techniques.

Health Network Laboratories has a planned and systematic process designed to monitor and evaluate the ongoing and overall quality of patient care. This process includes pre analytic (specimen collection), analytic (specimen processing/ testing), and post analytic (result reporting) procedures. Health Network Laboratories takes pride in its Customer Care Program and has a well-defined Service Recovery Process to respond to our clients' requirements.

An integral part of the Performance Improvement Plan is quality control. Test results are continuously monitored for reliability, precision, and accuracy. Health Network Laboratories voluntarily participates in one or more federal, state, or independent proficiency testing programs. These programs are administered by the College of American Pathologists (CAP), the American Association of Clinical Chemistry (AACC), the American Association of Blood Banks (AABB), the American Association of Bio analysts (AAB), and the Commonwealth of Pennsylvania.



PROVIDER LICENSE/ACCREDITATION INFORMATION

Health Network Laboratories is federally licensed under the Clinical Laboratory Improvement Act (CLIA) and is approved by both Medicare and Medicaid. The Division of Toxicology is certified by the Commonwealth of Pennsylvania and Occupational Safety and Health Association (OSHA) to perform lead analyses.

The following agencies accredit and/or inspect Health Network Laboratories:

- American Association of Blood Banks (AABB)
- College of American Pathologists (CAP)
- CAP Forensic Drug Testing (CPA/FDT)
- New Jersey Department of Health, Public Health and Environmental Laboratories
- Pennsylvania Department of Health, Bureau of Laboratories

Please refer to the list provided of accreditation and license information for each of our main laboratories.

Testing Location	Accreditation & License
Health Network Laboratories 794 Roble Road Allentown, PA 18109-9110	CAP: 6792301 CAP/FDT: 6792302 CLIA: 39D0919598 MD State: 1479 NJ State: 00025195 PA State: 024655A
Health Network Laboratories 1200 S. Cedar Crest Boulevard Allentown, PA 18103	CAP: 1308701 CLIA: 39D0657491 PA State: 000549A
Health Network Laboratories 1627 West Chew Street Allentown, PA 18102	CAP: 1307901 CLIA: 39D0657483 PA State: 000169A
Health Network Laboratories 2545 Schoenersville Road Bethlehem, PA 18017-7300	CAP: 1307101 CLIA: 39D0189995 PA State: 000600A
Health Network Laboratories 900 Route 168 Turnersville, NJ 08012	CAP: 1209501 CLIA: 31D0117454 NJ State: 00018578
Health Network Laboratories 1200 Walnut Bottom Road Carlisle, PA 17015-776	CLIA: 39D1072932 PA State: 030357A
Health Network Laboratories 4875 W. Tilghman Street Allentown, PA 18105	CLIA: 39D2070637 PA State: 033393A



PATIENT SERVICE CENTERS

PATIENT SERVICE CENTER locations and information can be found on the Health Network Laboratories web site. Go to: www.healthnetworklabs.com for additional details.

Laboratory services are available to any licensed physician, dentist, podiatrist, or other person authorized by law to use the findings of laboratory examinations upon written receipt of tests requested and ICD-10 codes or symptoms.

Federal regulations require that we obtain, within 30 days of a verbal request, written authorization for every test we perform. You will be asked to forward a signed order, via fax or mail, for all verbal requests. The use of standing orders is permitted in connection with an extended course of treatment. Orders must be dated and current (executed within six months) and include diagnosis information in ICD-10 code format, test frequency, and an expiration date.

CUSTOMER CARE

The Customer Care Department at Health Network Laboratories is your direct personal link to our laboratory, 24 hours/day, 7 days/week. Our representatives are committed to assisting you with information concerning:

- Test and specimen requirements
- Test results or test status
- Add or cancel test requests
- Supply requests
- Patient Service Center information
- Problem solving
- Technical support
- Phlebotomy service

Toll Free: 1-877-402-4221

COURIER SERVICES

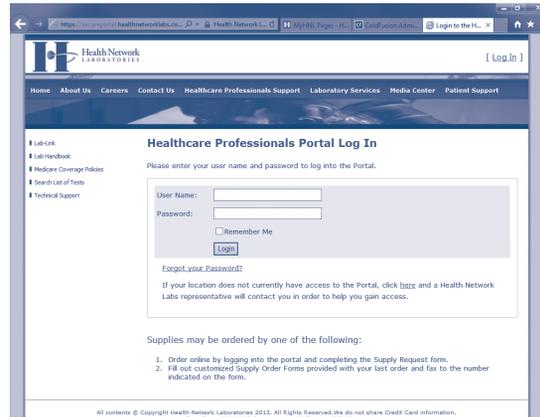
Courier service is available to provide you with both scheduled and unscheduled service for the transport of specimens and the delivery of reports and supplies. Our couriers are trained in client response, driver education, and safety. In addition to being provided with two-way cellular telephones for instant communication, our drivers and dispatchers utilize the latest technologies for route management and specimen tracking to ensure pickups and deliveries are made in the most expedient and efficient manner. During transport, specimens are stored in appropriate containers assuring their integrity upon arrival at the testing location. All materials are handled according to OSHA guidelines.

The Courier Services dispatcher can be reached by phone at 1-877-402-4221 (toll free).

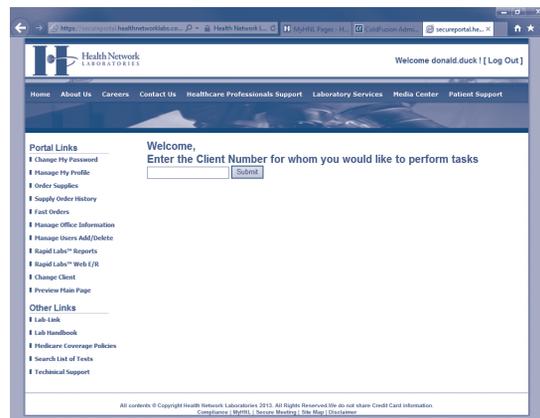
Health Network Laboratories provides specimen collection supplies for testing performed at our laboratory only. All supplies will be provided in compliance with Stark Law regulations.

Supplies may be ordered using the following methods:

1. Order online at www.healthnetworklabs.com. Click on “Healthcare Professionals Portal” in the upper right hand corner of the screen. Follow the instructions to “Log In”:



Upon successful entrance, select the Portal Link, “Order Supplies”:
See Sample Order Form on page 1.15



OR

2. Fax a completed HNL Supply Request Form to:
484-425-1666 (PA Clients)
856-232-8022 (NJ Clients)

The most current, client-customized Supply Request Forms are provided with each delivered order.

HNL is committed to expediting your order within three to five business days.



Sample Pain Management Supply Order Form



Sample Client
1234 Main Street

Sample, PA 11111

DRUG SCREENING SUPPLY ORDER FORM: (rev. 11/4/14) CLIENT#: **C0000**

THE FOLLOWING SUPPLIES WILL BE SUPPLIED AT NO CHARGE!

CDM#: VNDR#:	ITEM DESCRIPTION	UNIT OF MEASURE	QUANTITY ORDERED	QTY SHIPPED
40095006 (HNL03)	HNL-03 'CUSTOMIZED LABORATORY REQUISITION' (Use for diagnostic drug screening, Insurance Billable. Customize with Account Representative.)	EACH	_____ EA	_____ EA
40095009 (HNL53)	HNL-53 'DRUG TESTING REQUEST AND CHAIN OF CUSTODY FORM' (Use for employment testing, Client Billable only.)	EACH	_____ EA	_____ EA
40095009 (HNL53)	HNL-56 'PAIN MANAGEMENT TOXICOLOGY REQUISITION' FORMS	EACH	_____ EA	_____ EA
40990008	DRUG SCREEN URINE COLLECTION CUPS (Clear cup w/temperature strip)	EACH	_____ EA	_____ EA

**OPTIONAL SPECIAL ORDER ONLY! CLIENTS WILL BE BILLED FOR THE FOLLOWING SUPPLIES. (APPROX. DELIVERY TIME: 5-7 DAYS)
PLEASE CONTACT YOUR ACCOUNT REPRESENTATIVE FOR MORE DETAILS.**

40690881 (10CLIA)	10 PANEL DRUG SCREEN CUP: <small>(THC 50/ COCAINE 300/ MORPHINE 300/ AMPHETAMINES 1000/ METHAMPHETAMINES 1000 / BENZODIAZEPINES 300 / BUPRENORPHINE 10/ MDMA 500/ METHADONE 300 / OXYCODONE 100/ WITH ADULTERANTS CR/SG/OX).</small>	BOX OF 25	_____ BOX(ES)	_____ BX
40690979 (12CLIA)	12 PANEL DRUG SCREEN CUP: <small>(THC 50/ COCAINE 300/ MORPHINE 300/ AMPHETAMINES 1000/ METHAMPHETAMINES 1000/ BARBITURATES 300/ BENZODIAZEPINES 300/ PHENOCYCLIDINE 25/ MDMA 500/METHADONE 300/ OXYCODONE 100/ TRI-CYCLIC ANTIDEPRESSANTS 1000/ WITH ADULTERANTS CR/SG/PH).</small>	BOX OF 25	_____ BOX(ES)	_____ BX

ALL ORDERS MUST BE SIGNED AND DATED

AUTHORIZED BY: _____ DATE: _____

FAX COMPLETED ORDER FORM TO: 484-425-5121

HNL USE ONLY:	ORDER RECEIVED: _____
ORDER FILLED: _____	SENT VIA: _____

LABORATORY REQUISITIONS

Manual requisitions are to be used to request tests by all customers, except for those placing electronic orders. These electronic users shall revert to a manual requisition during computer down times. Incomplete or illegible requisitions cannot be processed. It is essential that the appropriate information be printed legibly in ballpoint pen. Each specimen or series of specimens must be accompanied by a completed requisition. (See Pain Management Requisition Form - page 1.15)

Patient Demographics

The demographic data **required** on each requisition sent to the laboratory is:

- Patient Name: Last, First, Middle Initial
- Address
- Phone Number
- Gender
- Date of Birth
 - The laboratory computer calculates the age of the patient based on the birth date given and in conjunction with the gender information, assigns the corresponding normal range.
- Social Security Number
- Collection Date
- Collection Time
- STAT/FASTING/NON-FASTING
 - *Check applicable box.*
- Call Results To/Fax Results To
 - *Indicate if results are to be called/faxed and the number desired.*
- Duplicate Report To
 - *If an additional copy of a test report needs to be sent to a physician other than the ordering physician, please indicate by last name, first name, and physician location.*
- Comments
 - *Indicate any other preferences not mentioned above*

Billing Information

- Bill Insurance
 - Check box and provide **complete insurance** information including guarantor/ subscriber name if patient is not the subscriber or attach a copy of patient's insurance **card** (front and back).
- Bill My Account
 - Check box and complete **only when** your HNL account is to be billed.
- Bill Patient (Self Pay)
 - Check box and complete **only when** your **patient** is to be directly billed. Provide complete name and address of person who is responsible for payment.



Health Network LABORATORIES®

Pain Management Toxicology Requisition Form



Health Network LABORATORIES

PMT 00001

2024 Lehigh Street • Allentown, PA 18103-4798
610-402-8170 • 877-402-4221 • www.healthnetworklabs.com

PAIN MANAGEMENT TOXICOLOGY REQUISITION

ORDERING PHYSICIAN REQUIRED

PATIENT DEMOGRAPHICS (PLEASE PRINT)

Please complete all shaded areas

Name Last First MI _____
 Address _____
 Phone () _____ Male Female
 Date of Birth _____ Soc. Sec. No. _____
 COLLECTION DATE _____ COLLECTION TIME _____

Temperature check of urine is within range of 90° - 100°F / 32° - 38°C

Yes No If not, record actual temperature _____

SIGNATURE OF PERSON SUPERVISING COLLECTION _____

PATIENT CONSENT REQUIRED

This specimen was provided voluntarily for analysis and I authorize Health Network Laboratories to process, bill and administer results per the policy outlined on the back of this form. *

PATIENT SIGNATURE _____ DATE _____
 GUARDIAN SIGNATURE _____ DATE _____

NOTICE: TESTS SHOULD ONLY BE ORDERED THAT ARE MEDICALLY NECESSARY FOR DIAGNOSIS AND TREATMENT OF PATIENT Tests are subject to limited coverage restrictions under Medicare and may require a completed ABN Form. Reflex Confirmatory testing will be performed at an additional charge, in accordance with HNL's Reflex/Confirmation Testing Policy.

- Pain Management Basic Profile, Urine (screen with reflex to quantitation by LCMSMS) *PMBP***
 (check panel box to order all 10 drugs below OR select individual tests)
- | | |
|---|---|
| <input type="checkbox"/> Amphetamines <i>AMPHT</i> | <input type="checkbox"/> Opiates <i>OPIS</i> |
| <input type="checkbox"/> Barbiturates <i>BBT</i> | <input type="checkbox"/> Oxycodone/Oxymorphone <i>OXYS</i> |
| <input type="checkbox"/> Benzodiazepines <i>BNZD</i> | <input type="checkbox"/> Methadone <i>MTHA</i> |
| <input type="checkbox"/> Buprenorphine <i>BPR1</i> | <input type="checkbox"/> Phencyclidine <i>PHNC1</i> |
| <input type="checkbox"/> Cannabinoids <i>CANNA</i> | <input type="checkbox"/> Specimen Validity Tests <i>PPSVT</i> |
| <input type="checkbox"/> Cocaine metabolite <i>COCM</i> | |

- Pain Management Supplemental Profile, Urine *PMPE***
 (check panel box to order all drugs below OR select individual tests)
- | | | |
|--|--|--|
| <input type="checkbox"/> Fentanyl/Norfentanyl <i>PPFEN</i> | <input type="checkbox"/> Meperidine/normeperidine <i>PPMEP</i> | <input type="checkbox"/> Tapentadol <i>PPTAP</i> |
| <input type="checkbox"/> Carisoprodol/meprobamate <i>PPCAR</i> | <input type="checkbox"/> Tramadol <i>PPTRA</i> | |

- Quantitative Confirmation only by LCMSMS, Urine**
- | | | |
|---|--|---|
| <input type="checkbox"/> Amphetamines <i>PPAMP</i> | <input type="checkbox"/> Cannabinoids <i>PPTHC</i> | <input type="checkbox"/> Phencyclidine <i>PPPCP</i> |
| <input type="checkbox"/> Barbiturates <i>PPBAR</i> | <input type="checkbox"/> Cocaine metabolite <i>PPCOC</i> | <input type="checkbox"/> 6-Monoacetylmorphine <i>MMRP</i> |
| <input type="checkbox"/> Benzodiazepines <i>PPBNZ</i> | <input type="checkbox"/> Methadone/EDDP <i>PPMTD</i> | |
| <input type="checkbox"/> Buprenorphine <i>PPBUP</i> | <input type="checkbox"/> Opiates/Oxycodone <i>PPOPI</i> | |

- Additional Tests, Urine**
- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Alcohol <i>PPALC</i> | <input type="checkbox"/> Gabapentin <i>PPGAB</i> | Other: _____ |
| <input type="checkbox"/> Amitriptyline <i>PPAMI</i> | <input type="checkbox"/> Methylphenidate/Ritalinic acid <i>PPRIT</i> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cyclobenzaprine <i>PPCCB</i> | <input type="checkbox"/> Pregabalin <i>PPPRG</i> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Duloxetine <i>PPDLX</i> | <input type="checkbox"/> Propoxyphene <i>PPPRO</i> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Ethyl Glucuronide (ETG) <i>PPETG</i> | <input type="checkbox"/> Zolpidem <i>PPZOL</i> | |

- Prescribed Medications: (Please check all medications the patient is prescribed)**
- | | | |
|--|---|---|
| <input type="checkbox"/> Alprazolam (<i>Xanax</i>) | <input type="checkbox"/> Hydrocodone (<i>Lorcet, Lortab, Norco, Vicodin</i>) | <input type="checkbox"/> Tramadol (<i>Ultram, Ryzolt</i>) |
| <input type="checkbox"/> Amitriptyline (<i>Elavil</i>) | <input type="checkbox"/> Hydromorphone (<i>Dilaudid, Exalgo</i>) | <input type="checkbox"/> Tapentadol (<i>Nucynta</i>) |
| <input type="checkbox"/> Amphetamine (<i>Adderall, Dexedrine, Vyvanse</i>) | <input type="checkbox"/> Lorazepam (<i>Ativan</i>) | <input type="checkbox"/> Temazepam (<i>Restoril</i>) |
| <input type="checkbox"/> Buprenorphine (<i>Butran, Suboxone, Subutex</i>) | <input type="checkbox"/> Methadone (<i>Dolophine</i>) | <input type="checkbox"/> THC (<i>Marinol, Marijuana</i>) |
| <input type="checkbox"/> Butalbital (<i>Fiorinal, Fioricet, Esigic</i>) | <input type="checkbox"/> Methylphenidate (<i>Ritalin</i>) | <input type="checkbox"/> Zolpidem (<i>Ambien</i>) |
| <input type="checkbox"/> Clonazepam (<i>Klonopin</i>) | <input type="checkbox"/> Morphine (<i>MS Contin, Kadian, Avinza, Embeda</i>) | Other: _____ |
| <input type="checkbox"/> Codeine (<i>Tylenol 3 or 4</i>) | <input type="checkbox"/> Oxazepam (<i>Serax</i>) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Carisoprodol (<i>Soma</i>) | <input type="checkbox"/> Oxycodone (<i>OxyContin, Percocet, Endocet, Roxicodone, Tylox</i>) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Diazepam (<i>Valium</i>) | <input type="checkbox"/> Oxymorphone (<i>Opana</i>) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Fentanyl (<i>Actiq, Duragesic, Fentora</i>) | <input type="checkbox"/> Phenobarbital | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Gabapentin (<i>Neurontin</i>) | <input type="checkbox"/> Pregabalin (<i>Lyrica</i>) | <input type="checkbox"/> _____ |

Physician Signature REQUIRED for Medicaid

SIGNATURE/DATE _____

BILLING INFORMATION

- Bill Insurance** (Attach Copy of Insurance Card OR Complete Billing Information Below)
 Bill Office Account **Bill Patient (Self Pay)**

Guarantor Name _____

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Ins. Co. _____	Ins. Co. _____
ID # _____	ID # _____
Group # _____	Group # _____
Billing Address _____	Billing Address _____

ICD-9 CODE(S) ENTER ALL THAT APPLY

Name: _____ DOB: ___/___/___ PMT	Name: _____ DOB: ___/___/___ PMT	Name: _____ DOB: ___/___/___ PMT
Name: _____ DOB: ___/___/___ PMT	Name: _____ DOB: ___/___/___ PMT	Name: _____ DOB: ___/___/___ PMT

HNL-56 Rev. 4/14

FEDERALLY FUNDED PLAN BENEFICIARIES MAY SELECT A LAB OF THEIR CHOICE



Sample HNL02



794 Roble Road • Allentown, PA 18109-9110
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PATIENT DEMOGRAPHICS (PLEASE PRINT)
Please complete all shaded areas

Name: Hood Robin A
Last First MI

Address: 101 Main Street
Anytown, PA 18054

Phone: (000) 999-9999 Male Female

Date of Birth: 1/17/48 Soc. Sec. No. 000-00-0000

COLLECTION DATE 11/21/08 COLLECTION TIME 0800

FASTING NON-FASTING **STAT**

Call Results To: _____ Fax Results To: _____

Duplicate Report To: Pan Peter Anytown, PA 18103
Physician Last Name First Office Location

Comments _____

LABORATORY REQUISITION

ORDERING PHYSICIAN REQUIRED

Client ID 9999 LOC 54321

XYZ Family Practice
123 Far Lane
Anytown, PA 18054

PH: (111) 000-0000
FX: (111) 000-0001

- John Doe, MD
 John Smith, MD
 Jane Smith, MD

Physician Signature REQUIRED for Medicaid

John Doe, MD

SIGNATURE/DATE _____

BILLING INFORMATION

Bill Insurance (Attach Copy of Insurance Card OR Complete Billing Information Below)
 Bill Office Account Bill Patient (Self Pay)

Guarantor Name _____

PRIMARY BILLING PARTY **SECONDARY BILLING PARTY**

Ins. Co. PA Blue Shield Ins. Co. _____
ID # 12345678 ID # _____
Group # A1 Group # _____

Billing Address _____ Billing Address _____

ICD-9 CODE(S) ENTER ALL THAT APPLY

100.99 200.99

COLLECTION DATE & TIME

TP94	TP93	PHLEBOTOMIST	COLLECTION SITE
------	------	--------------	-----------------

OTHER TESTS / CUSTOM PACKAGES (By Customer Request) (Tests printed in this area with an "*" are subject to limited coverage restrictions under Medicare) and may require a completed ABN Form.

c-peptide

NOTICE: TESTS SHOULD ONLY BE ORDERED THAT ARE MEDICALLY NECESSARY FOR DIAGNOSIS AND TREATMENT OF PATIENT

Refer to HNL Lab Handbook (at www.healthnetworklabs.com) for a complete test listing, other methodologies available for tests indicated with an asterisk, special instructions, and testing algorithms. Exceptions to the reflex testing algorithms must be requested. Reflex confirmatory testing will be performed at an additional charge. Tests printed in RED are subject to limited coverage restrictions under Medicare and may require a completed ABN Form.

<p>AMA PANELS Any panel component may be ordered separately</p> <p><input type="checkbox"/> ACUTE HEPATITIS PANEL AHEP (HAVAb IgM, HBsAg, HbcAb IgM, HCVAb Profile) SS</p> <p><input checked="" type="checkbox"/> BASIC METABOLIC PANEL BMP (BUN, CA, CREAT, GLUC, NA, K, CL, CO₂, AGAP, calc, GFR) SS</p> <p><input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL (ALB, ALP, ALT, AST, BUN, CA, CREAT, GLUC, TBIL, TP, NA, K, CL, CO₂, AGAP, calc, GFR) SS</p> <p><input type="checkbox"/> ELECTROLYTE PANEL ELEC (NA, K, CL, CO₂, AGAP) SS</p> <p><input type="checkbox"/> HEPATIC FUNCTION PANEL LFP (ALB, ALP, ALT, AST, DBIL, TBIL, TP) SS</p> <p><input checked="" type="checkbox"/> LIPID PANEL LIPAN (CHOL, TRIG, HDL, calc, LDL, calc, NON-HDL) SS</p> <p><input type="checkbox"/> OBSTETRIC PANEL PN1, PREN (CBC with AUTO DIFF, HBsAg, RPR, RUBG, ABO/Rh, Ab Screen) 2SS, 1PNK, 1LV</p> <p><input type="checkbox"/> RENAL FUNCTION PANEL RFP (ALB, BUN, CA, CREAT, GLUC, PHOS, NA, K, CL, CO₂, AGAP, calc, GFR) SS</p> <p>HNL PROFILES Any profile component may be ordered separately. Profiles listed by component listed.</p> <p><input type="checkbox"/> HEPATITIS PROFILE, COMPREHENSIVE HEP SS (Acute Hepatitis Panel, HAVAb Total, HBsAb, HbcAb Total)</p> <p><input type="checkbox"/> LIPID PROFILE w/LDL LIPID SS (Lipid Panel, direct LDL)</p> <p><input type="checkbox"/> OBSTETRIC PROFILE 2 PN2, PREN (Obstetric Panel, Urinalysis) 1LV, 1PNK, 1RU, 2SS</p> <p>ALPHABETICAL TEST LISTING</p> <p><input type="checkbox"/> ALBUMIN ALB SS</p> <p><input type="checkbox"/> ALK PHOS, TOTAL ALPH SS</p> <p><input type="checkbox"/> ALT (SGPT) ALT SS</p> <p><input type="checkbox"/> AMYLASE AMYL SS</p> <p><input type="checkbox"/> ANTI-NUCLEAR Ab SCREEN (ANA) ANA SS</p> <p><input type="checkbox"/> AST (SGOT) SGOT SS</p> <p><input type="checkbox"/> B-TYPE NATRIURETIC PEPTIDE BNPT LV</p> <p><input type="checkbox"/> BILIRUBIN, DIRECT DBIL SS</p> <p><input type="checkbox"/> BILIRUBIN, TOTAL TBIL SS</p> <p><input type="checkbox"/> BUN BUN SS</p> <p><input type="checkbox"/> CALCIUM CA SS</p> <p><input type="checkbox"/> CARBAMAZEPINE (TEGRETOL) CARB RD</p> <p><input type="checkbox"/> CBC (w/ DIFF) CBC LV</p> <p><input type="checkbox"/> CBC with AUTO DIFF (Pathologist review) <input type="checkbox"/> Do not perform review CBCD LV</p> <p><input type="checkbox"/> CEA CEA SS</p> <p><input type="checkbox"/> CHOLESTEROL CHOL SS</p> <p><input type="checkbox"/> CK CK SS</p> <p><input type="checkbox"/> CORTISOL CORT SS</p> <p><input type="checkbox"/> C-REACTIVE PROTEIN CRP SS</p> <p><input type="checkbox"/> CREATININE w/calc, GFR, CREAT SS</p> <p><input type="checkbox"/> DIGOXIN DIG SS</p> <p><input type="checkbox"/> ESTRADIOL ESTR SS</p> <p><input type="checkbox"/> FERRITIN FRTN SS</p> <p><input type="checkbox"/> FOLIC ACID FLAC SS</p> <p><input type="checkbox"/> FSH FSH SS</p> <p><input type="checkbox"/> GAMMA GT GGT SS</p> <p><input type="checkbox"/> GLUCOSE GLUC SS</p> <p><input type="checkbox"/> HBs ANTIBODY AHBS SS</p> <p><input type="checkbox"/> HBs ANTIGEN (w/neut. Confirm.) HBSA SS</p> <p><input type="checkbox"/> HCG, QUANTITATIVE BHCG SS</p> <p><input type="checkbox"/> HDL CHOLESTEROL HDLD SS</p> <p><input type="checkbox"/> HEMATOCRIT HCT LV</p> <p><input type="checkbox"/> HEMOGLOBIN HGB SS</p> <p><input type="checkbox"/> HEMOGLOBIN A1C HA1CG LV</p> <p><input type="checkbox"/> HIV Ag/Ab (w/WB confirm.) HIVAA SS</p> <p><input type="checkbox"/> IRON (Fa) IRN SS</p> <p><input type="checkbox"/> IRON BINDING CAPACITY TIBC SS</p> <p><input type="checkbox"/> LDL CHOLESTEROL, DIRECT LDL SS</p> <p><input type="checkbox"/> LIPASE LIPS SS</p> <p><input type="checkbox"/> LITHIUM LITH SS</p> <p><input type="checkbox"/> LYME Ab PROFILE (w/WB confirm.) LYMEP SS</p> <p><input type="checkbox"/> MAGNESIUM MG SS</p> <p><input type="checkbox"/> MONO TEST, QUALITATIVE MON SS</p> <p><input type="checkbox"/> PHENOBARBITAL PHEN RD</p> <p><input type="checkbox"/> PHENYTOIN (DILANTIN) DILN SS</p> <p><input type="checkbox"/> PHOSPHORUS PHOS SS</p> <p><input type="checkbox"/> PLATELETS PTL LV</p> <p><input type="checkbox"/> POTASSIUM K SS</p> <p><input type="checkbox"/> PREALBUMIN PREA SS</p> <p><input type="checkbox"/> PROGESTERONE PGTR SS</p> <p><input type="checkbox"/> PROLACTIN PLTN SS</p> <p><input type="checkbox"/> PROTEIN ELECTRO, SERUM SPRE SS</p> <p><input type="checkbox"/> PROTEIN ELECTRO, URINE UPRE UR</p> <p><input type="checkbox"/> PSA (DIAGNOSTIC) PSAGT SS</p> <p><input type="checkbox"/> PSA (SCREEN) PSAST SS</p> <p><input type="checkbox"/> PTP with INR PTP BU</p> <p><input type="checkbox"/> RETICULOCYTE COUNT RETC LV</p> <p><input type="checkbox"/> RHEUMATOID FACTOR RF SS</p> <p><input type="checkbox"/> RUBELLA IgG Ab RUBG SS</p> <p><input type="checkbox"/> SED RATE SR BK</p> <p><input type="checkbox"/> SODIUM NA SS</p> <p><input type="checkbox"/> SYPHILIS SEROLOGY SYPHL SS</p> <p><input type="checkbox"/> T3, FREE FT3 SS</p> <p><input type="checkbox"/> T3, TOTAL T3T SS</p> <p><input type="checkbox"/> T3, UPTAKE T3U SS</p> <p><input type="checkbox"/> T4, FREE FT4 SS</p> <p><input type="checkbox"/> T4, TOTAL (THYROXINE) T4 SS</p> <p><input type="checkbox"/> T7 PROFILE TH7 SS</p> <p><input type="checkbox"/> TESTOSTERONE, TOTAL TTTR SS</p> <p><input type="checkbox"/> TOTAL PROTEIN TP SS</p> <p><input type="checkbox"/> TRIGLYCERIDE TRIG SS</p> <p><input type="checkbox"/> TSH TSH SS</p> <p><input type="checkbox"/> TSH w/FT4 REFLEX TSHRF SS</p> <p><input type="checkbox"/> VALPROIC ACID (DEPAKOTE) VALP RD</p> <p><input type="checkbox"/> VITAMIN B12 WB12 SS</p> <p><input type="checkbox"/> VITAMIN D, 25-OH VTD SS</p> <p>URINE TESTS</p> <p><input type="checkbox"/> MICROALBUMIN/CREA Ratio RUMCR RU</p> <p><input type="checkbox"/> MICROALBUMIN RMALB RU</p> <p><input type="checkbox"/> URINALYSIS, (Reflex to microscopic) URIN RU</p> <p><input type="checkbox"/> URINALYSIS w/MICROSCOPY URIN, URMIC RU</p> <p>VIROLOGY CULTURES</p> <p>SPECIMEN SOURCE (REQUIRED)</p> <p><input type="checkbox"/> ADENOVIRUS CULTURE ADVC VT</p> <p><input type="checkbox"/> CMV VIRUS CULTURE RCMV VT</p> <p><input type="checkbox"/> ENTEROVIRUS CULTURE ENVV VT</p> <p><input type="checkbox"/> EYE VIRUS CULTURE EYEV VT</p> <p><input type="checkbox"/> HSV CULTURE (choose below) VT</p> <p><input type="checkbox"/> typing HSVCT, <input type="checkbox"/> no typing HSVCVR VT</p> <p><input type="checkbox"/> MOLECULAR MICROBIOLOGY (DNA PROBES) (REQUIRED) <u>left hand</u></p> <p><input type="checkbox"/> BORDETELLA BPPCR VT</p> <p><input type="checkbox"/> CHLAMYDIA AND GONORRHEA (GC) CTMA, GGTMA GP</p> <p><input type="checkbox"/> C. DIFFICILE TOXIN CODNA ST</p> <p><input type="checkbox"/> FLU A/B & RSV FLABR VT</p> <p><input type="checkbox"/> GENITAL GBV STREP / BSBP BT</p> <p><input type="checkbox"/> MRSA SCREEN (nasal specimens only) MRSA ST</p> <p><input type="checkbox"/> RESPIRATORY 12 VIRUS PANEL RVPPR VT</p> <p><input type="checkbox"/> VAGINITIS PROBE VGDNA AF</p>

HNL-02 Rev. 1/13 Federally funded plan beneficiaries may select a lab of their choice.

SPECIMEN LABEL INSTRUCTIONS:

- Complete all requested information above.
- Clearly print patient name and date-of-birth (DOB) on each of the labels below, as needed.
- Place one (1) completed label on each specimen (not on the lid).
- Detach this section along perforations and dispose of unused labels.

Name: <u>Robin A Hood</u>	Name: <u>Robin A Hood</u>	Name: _____
DOB <u>1/17/48</u> H2-AA	DOB <u>1/17/48</u> H2-AA	DOB _____ H2-AA
Name: _____	Name: _____	Name: _____
DOB _____ H2-AA	DOB _____ H2-AA	DOB _____ H2-AA

794 Roble Road
Allentown, PA 18109-9110
Toll Free: (877) 402-4221
www.healthnetworklabs.com



LABORATORY REQUISITIONS

Health Network Laboratories Billing Requirements

Requisition Prompt	Type of Billing						
	Account	Patient	Medicare	Medicaid	3rd Party	PPO/HMO	W/C
Patient Demographics							
Name	✓	✓	✓	✓	✓	✓	✓
Address		✓	✓	✓	✓	✓	✓
Phone Number		✓	✓	✓	✓	✓	✓
Sex	✓	✓	✓	✓	✓	✓	✓
Date of Birth	✓	✓	✓	✓	✓	✓	✓
Social Security Number	✓	✓	✓	✓	✓	✓	✓
Collection Date/Time	✓	✓	✓	✓	✓	✓	✓
Billing Information							
Insurance Company Name & Address		✓	✓	✓	✓	✓	✓
Insurance Company Policy ID Number		✓	✓	✓	✓	✓	✓
Insurance Company Group Number		✓	✓	✓	✓	✓	✓
Medical/Medicaid Recipient ID Number				✓			
Guarantor Name		✓					
Guarantor Address		✓					
W/C Claim Number							✓
W/C Insurance Carrier Name & Address							✓
ICD-10 Codes		✓	✓	✓	✓	✓	✓

✓ indicates required information
 W/C indicates Workers' Compensation



LABORATORY REQUISITIONS

Advanced Beneficiary Notice (ABN)

*Medicare patients should be asked to read and sign HNL's Advanced Beneficiary Notice when it is believed that Medicare is likely to deny payment for a particular test. Medicare may deny payment for: Limited Coverage Tests if it is determined that it is not reasonable and necessary under their Limited Coverage Policies, tests ordered which are non-FDA investigational or research tests, or tests ordered as a part of routine screen or annual physical. HNL will only seek reimbursement directly from the Medicare patient if they have been notified in advance of the testing that Medicare is likely to deny payment and if they have signed the Advanced Beneficiary Notice. Please refer to HNL's **Guide to HGSA Medicare Services Limited Coverage Policies**. Please submit the signed Advanced Beneficiary Notice with the laboratory orders.*

ICD-10 Code

Complete the ICD-10 code section located above the test menu with the appropriate code/symptom to enable quick and accurate processing of claims.

Test Menu

Check the test you require to the left of the test name. There is space available for other tests, which can be used for tests not listed on the requisition form.

Note:

*If drawing specimens in your office/facility, please note the specimen **collection key** located at the bottom of HNL's Laboratory Requisition (HNL-02). This key corresponds to the letter code located on the far right of each individual test pre-printed on the requisition. Or call our Customer Care Department at 877-402-4221 (toll-free).*

Note:

Physicians and other health care practitioners authorized to order tests should order tests medically necessary for the care and treatment of their patients. The Office of the Inspector General of the United States Health and Human Services Department takes the position that any physicians or other health care practitioners who order medically unnecessary tests may be subject to civil penalties under laws and regulations relating to Medicare, Medicaid, and other federally funded health care programs.



RESULTS REPORTING

RESULT REPORTING

Test reports will be delivered by courier, U.S. mail, or electronically printed via remote printer/fax/internet access OR EMR Interface. STAT and critical results are provided via telephone and/or fax. The mechanism for delivery will be arranged to meet the needs of the client.

Results are available to patients upon request or through HNL Portal.. **A Release of Protected Health Information Request Form** (next page) may be required.

There are several different types of reports that can be generated by HNL. For your reference a sample Pain Management Sample Report can be found on page 1.21. Please contact your laboratory sales representative to discuss available options.

794 Roble Road
Allentown, PA 18109-9110
Toll Free: (877) 402-4221
www.healthnetworklabs.com



Authorization for Use or Disclosure of Protected Health Information



Authorization for Use or Disclosure of Protected Health Information

Patient Name		Date of Birth	
Full Address: Street/City/State/Zip			
Phone Number	Email Address	Medical Record # (if known)	Social Security Number (last 4 digits only): _____
Disclosed Information (check all items to be released) <input type="checkbox"/> Laboratory/Pathology Reports and Records <input type="checkbox"/> Billing <input type="checkbox"/> Other (please specify): _____ OPTIONAL LIMITS <input type="checkbox"/> Only the information related to: (e.g., test names) _____ <input type="checkbox"/> Covering the period(s) of care (date range or specific date of service): _____		Purpose/Use of the Requested Information <input type="checkbox"/> At the request of the patient or personal representative <input type="checkbox"/> Continued care <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Other (please describe): _____ <p style="text-align: center;">Please complete all bolded fields.</p>	
I understand that information in response to this request may be related to diagnosis or treatment for AIDS/HIV, sexually transmitted diseases, psychiatric care and treatment, treatment for drug and alcohol abuse, unless I check the appropriate box(es) below.			
HIV/AIDS Information <input type="checkbox"/> No, do not disclose	Sexually Transmitted Diseases <input type="checkbox"/> No, do not disclose	Psychiatric Care/Treatment <input type="checkbox"/> No, do not disclose	Treatment for Drug or Alcohol Use/Abuse <input type="checkbox"/> No, do not disclose
Information Provided To			
Name of Person or Institution	Relationship to the Patient <input type="checkbox"/> Self <input type="checkbox"/> Parent or Personal Representative <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other: _____		Phone Number
Full Address: Street/City/State/Zip			Date Needed By*
Method of Delivery of Results <input type="checkbox"/> US Mail <input type="checkbox"/> Encrypted Email <input type="checkbox"/> Fax # _____ <input type="checkbox"/> Other (please specify): _____			
Authorization Expires (check appropriate box) <input type="checkbox"/> One year from date of authorization <input type="checkbox"/> Other date (please specify): _____ (May not be more than one year from signature date) If no expiration date is designated, this authorization will expire one year from the signature date.			
Authorization I authorize Health Network Laboratories (HNL) to use or disclose the health information described above. I understand the following: 1) HNL will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether or not I provide authorization for the requested use or disclosure; 2) I may revoke this authorization at any time, including in advance of the expiration date; 3) I have the right to revoke this authorization in writing at any time by sending such written notification to the HNL Privacy Officer at 794 Roble Road, Allentown, PA 18109-9110 ; 4) my revocation will not be effective to the extent that HNL has already acted in reliance on this authorization; 5) I have the right to refuse to sign this authorization; 6) I have the right to inspect or copy the protected health information to be used or disclosed as permitted under Federal law (or state law to the extent the state law provides greater access rights). HNL cannot prevent re-release of the information by the person or institution who receives such information and federal and state law may no longer protect it. I release HNL and its staff from any and all liability resulting from such re-release. I have read and understand this form, and authorize use and release of the information as described above.			
X _____ Signature of Patient or Personal Representative		_____ Date	
_____ Print Name		_____ Relationship of Personal Representative to Patient	
If Authorization is signed by someone other than the patient, please state the reason.			
Records of deceased patients: If the requestor is not the executor of the deceased patient's estate then the requester certifies by signing above that he/she is the next of kin responsible for the disposition of the deceased patient's remains.			
Verbal Release of Patient Health Information: If the patient is deemed competent, but physically unable to sign for himself/herself, such as in the case of a physically disabled person, a verbal consent will be accepted from the patient provided it is witnessed by two parties. We, the undersigned, certify that the patient identified above was physically unable to provide a signature, that he/she understood the nature of this release and freely gave his/her consent.			
X _____ Signature of Witness #1	_____ Title	_____ Date	Internal Use Only Receipt Confirmed: By: _____ Date: _____ Complete Date: _____ Records Sent: By: _____ Date: _____
X _____ Signature of Witness #2	_____ Title	_____ Date	



Authorization for Use or Disclosure of Protected Health Information



Instructions

1. Please complete all bolded sections of the authorization.
2. The patient or legally authorized representative must sign and date the form. Generally, only a patient may authorize release of his/her medical information. Notable exceptions to the rule are as follows:
 - a. Authorization of Minors: If the patient is a minor (under 18 years of age) the authorization must be signed by a parent or legal guardian. At the discretion of HNL, two signatures may be required to release a minor's records.
 - b. Mental Health Records: Minors 14 years of age and older may consent to mental health treatment and, therefore, may also authorize release of their mental health treatment records.
 - c. Regulatory Authority: Minors who are married, have been pregnant, or are high school graduates may consent to their own treatment and, therefore, may also authorize release of the medical records for that treatment. Minors may also consent to treatment and authorize record release for their own children.
 - d. Emancipated Minors: An emancipated minor is a minor who has left the parental household, supports him/herself financially, and lives independently. Emancipated minors can consent to their own treatment and, therefore may also authorize release of their medical information.
 - e. Minors and Highly Confidential Information: Minors who have been diagnosed with a venereal disease, a substance abuse problem or were treated to determine pregnancy may consent to treatment for that disease or condition and, therefore, may authorize release of any medical information related to that treatment.
 - f. Authorization after Death: An authorization must be signed by the executor of the decedent's estate, or in the absence of an executor, the next of kin responsible for the disposition of the remains may give consent for the release of medical information.
 - g. Authorization of the Legally Incompetent Patient: If the patient is deemed legally incompetent, then the patient's legally authorized representative (e.g., guardian or agent under a power of attorney) may sign the authorization for release of information. *Health Network Laboratories reserves the right to request proof of identify and representation.*
3. Please mail the completed form to:

Health Network Laboratories
Customer Care Department
794 Roble Road
Allentown, PA 18109-9110

PLEASE NOTE

HNL may charge for records in accordance with Pennsylvania Department of Health Notice regulated by Act 26 (44 Pa.B. 7617) and the Health Insurance Portability and Accountability Act (45 CFR Parts 160-164). Copying fees are updated January 1st of each year.

2016 PA Patient Fees

Amount charged per page for pages 1-20	\$1.46 (no change from prior year)
Amount charged per page for pages 21-60	\$1.08 (no change from prior year)
Amount charged per page for pages 61-end	\$0.36 (no change from prior year)
Flat fee for production of records to support any claim under Social Security or any Federal or State financial needs based program . . .	\$27.48 (no change from prior year)
Flat fee for supplying records requested by a district attorney	\$21.69 (no change from prior year)
Search and retrieval of records	\$21.69

Flat fees apply to amounts that may be charged by a health care facility or health care provider when copying medical charts or records either: (a) for the purpose of supporting any claim or appeal under the Social Security Act or any Federal or State financial needs based program; or (b) for a district attorney.

In addition to the amounts listed previously, charges may also be assessed for the actual cost of postage, shipping and delivery of the requested records.

- *HNL will make reasonable efforts to comply with this request within thirty (30) days for information that is maintained or accessible on site and within sixty (60) days for information not maintained on site. If HNL is unable to comply with this request within the specified time periods, it may extend the applicable deadline for up to thirty (30) days by notifying you in writing.
- HNL may deny this request under limited circumstances as provided for under state or federal law. HNL will notify you if it denies your request to access or obtain a copy of the requested information. If HNL denies this request, you may have the right to have a denial of your request reviewed by a licensed health care professional.



Pain Management Sample Report



Report Transmission
Date: 2/18/2016 13:18

To: TEST CLIENT

From: Health Network Laboratories

Tel: (484) 425-8170 or (877) 402-4221 Toll Free

Fax: (484) 425-8182

Pain Management Report

CONFIDENTIAL

This communication (including any attachments) is intended only for the use of the individual or entity to which it is addressed and may contain information that is nonpublic, proprietary, privileged, confidential, and exempt from disclosure under applicable law or may constitute attorney work product. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, notify us immediately by telephone and (i) destroy, by shredding, if a facsimile or (ii) delete immediately if this is an electronic communication. Please notify us via the customer care hotline Toll Free at (877) 402 - 4221.

Pain Management Sample Report

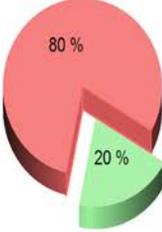
PAIN MANAGEMENT REPORT

Peter E. Fisher, M.D. Laboratory Director
Daniel F. Brown, M.D. Medical Director
John C. Baylis, M.D. Laboratory Director (NJ)
Phone: (484) 425-8170
Toll Free: (877) 402-4221
www.healthnetworklabs.com

Name: TEST, PATIENT1 REPORT	Sex: F	Date of Birth: 05/27/1985	Age: 29Y	Social Security # N/A	Client ID: S123
Address: 123 TEST DR SUITE 456 HOLLA, PA 18061	Phone:	Client Name: TEST CLIENT			

Urine Results History

Showing the 5 Latest Urine Results (Credits not Included)

<p>Specimens Submitted: 5 Specimens Inconsistent: 4</p> <p>Consistent Inconsistent</p> 	Date of Service	10/16/2014 12:08 AM	10/08/2014 12:10 AM	10/08/2014 12:05 AM	10/08/2014 12:01 AM	10/02/2014 10:00 AM
	Accession	H10010026	W10009965	W10009964	W10009949	H10009875
	Medications listed*	Hydrocodone Lorazepam	Alprazolam Amphetamine Hydrocodone	Alprazolam Amphetamine Hydrocodone	Alprazolam Amphetamine Hydrocodone	Hydrocodone Amphetamine Alprazolam
	Positive Findings	Hydrocodone Hydromorphone Morphine	7-aminoclonazepam Alphahydroxyalprazolam Amphetamine Hydrocodone Hydromorphone Morphine Norhydrocodone	Alphahydroxyalprazolam Amphetamine Hydrocodone Hydromorphone Norhydrocodone	7-aminoclonazepam Alphahydroxyalprazolam Amphetamine Delta-9-THC-COOH Hydrocodone Hydromorphone Morphine	7-aminoclonazepam Amphetamine Delta-9-THC-COOH Hydromorphone Methamphetamine Morphine Norhydrocodone
	Positive Findings Inconsistent with Medications listed*	Morphine	7-aminoclonazepam Morphine	NONE	7-aminoclonazepam Delta-9-THC-COOH Morphine	7-aminoclonazepam Delta-9-THC-COOH Methamphetamine Morphine
	Negative Findings Inconsistent with Medications listed*	Lorazepam	NONE	NONE	NONE	Alphahydroxyalprazolam

* Note - medications listed as indicated on requisition



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Address: 123 TEST DR SUITE 456 HOLLA, PA 18061	Phone:	Client Name: TEST CLIENT			

Accession H10010026	Collection Date/Time 10/16/2014 12:08 AM	Received Date/Time 10/16/2014 1:46 PM	Ordering Provider COMPUTER STAFF LAB
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Medication(s) Listed:	Hydrocodone Lorazepam
Specimen Type:	Urine, Random

Analyte Name	Result	Cut-off	Unit	Notes	Lab
PAIN MANAGEMENT BASIC PROFILE					
AMPHETAMINES (EIA)	Negative	500	ng/mL		L1
BARBITURATES (EIA)	Negative	200	ng/mL		L1
BENZODIAZEPINES (EIA)	See Confirmation	200	ng/mL		L1
BUPRENORPHINE (EIA)	Negative	5	ng/mL		L1
CANNABINOIDS (EIA)	Negative	50	ng/mL		L1
COCAINE METABOLITE (EIA)	Negative	150	ng/mL		L1
OPIATES (EIA)	See Confirmation	300	ng/mL		L1
OXYCODONE (EIA)	See Confirmation	100	ng/mL		L1
METHADONE (EIA)	Negative	300	ng/mL		L1
PHENCYCLIDINE (EIA)	Negative	25	ng/mL		L1
CREATININE, URINE	100		mg/dL	Expected range > or = 20	L1
SPECIFIC GRAVITY	NORMAL			Expected range 1.003-1.035	L1
pH, URINE	NORMAL			Expected range 4.5-9.0	L1
OXIDANTS	ABNORMAL				L1

PAIN MGT BENZODIAZEPINE, QN						
ALPHAHYDROXYALPRAZOLAM (MS)	Negative		75	ng/mL	Metabolite of alprazolam	L1
7-AMINOCLONAZEPAM (MS)	Negative		75	ng/mL	Metabolite of clonazepam	L1
HYDROXYMIDAZOLAM (MS)	Negative		75	ng/mL	Metabolite of midazolam	L1
LORAZEPAM (MS)	Negative	Inconsistent	75	ng/mL		L1
TEMAZEPAM (MS)	Negative		75	ng/mL	Prescription medication and also a metabolite of diazepam.	L1
DIAZEPAM (MS)	Negative		75	ng/mL		L1
NORDIAZEPAM (MS)	Negative		75	ng/mL	Metabolite of chlordiazepoxide, clorazepate, diazepam, halazepam and prazepam	L1
OXAZEPAM (MS)	Negative		75	ng/mL	Prescription medication and also a metabolite of nordiazepam and temazepam.	L1

Name: TEST, PATIENT1 REPORT
MR#: 58745874

Continued
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Pain Management Sample Report



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Accession H10010026	Collection Date/Time 10/16/2014 12:08 AM	Received Date/Time 10/16/2014 1:46 PM	Ordering Provider COMPUTER STAFF LAB
------------------------	---	--	---

Analyte Name	Result	Cut-off	Unit	Notes	Lab
PAIN MGT OPIATE, QN					
OXYCODONE (MS)	Negative	100	ng/mL		L1
OXYMORPHONE (MS)	Negative	100	ng/mL	Prescription medication and also a metabolite of oxycodone.	L1
NOROXYCODONE (MS)	Negative	100	ng/mL	Metabolite of oxycodone	L1
CODEINE (MS)	Negative	100	ng/mL		L1
MORPHINE (MS)	100	Inconsistent	100	ng/mL Prescription medication and also a metabolite of codeine and heroin, may also reflect poppy seed ingestion.	L1
HYDROCODONE (MS)	1000	100	ng/mL	Prescription medication and also a minor metabolite of codeine. Possible impurity of oxycodone.	L1
NORHYDROCODONE (MS)	Negative	100	ng/mL	Metabolite of hydrocodone	L1
HYDROMORPHONE (MS)	1000	100	ng/mL	Prescription medication and also a metabolite of hydrocodone and a minor metabolite of morphine.	L1

Comments: The absence of expected drug(s) and/or drug metabolites may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted or adulterated urine sample, or limitations of testing. The drug concentration must be higher than or equal to the cutoff to be reported as present. Interpretation depends on accuracy and completeness of patient medication information submitted.

All confirmation/quantitative testing was performed by Liquid Chromatography-Tandem Mass Spectrometry which was developed and performance characteristics determined by Health Network Laboratories and has not been cleared by the FDA. The laboratory is regulated under CLIA to perform high complexity testing. This test is to be used for clinical purposes and should not be regarded as investigational or research.

L1 = HNL, 794 Roble Road, Allentown, PA 18109

Name: TEST, PATIENT1 REPORT
MR#: 58745874

End of Report
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