



# R&S United Health Services LLC

We are Trusted | We are a Standard | We are Professionals

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Request Date: \_\_\_\_\_

Fasting  Non Fasting

### Provider Information

Provider Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Ref Physician | Provider | NPI | UPIN (Must be indicated)

Name: \_\_\_\_\_

NPI or Account #: \_\_\_\_\_

Send results to:  Account Portal.  Fax.  Email.

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Patient Information

Male  Female

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

### Billing/Responsible Party

- BILL TO:
- My Account
  - Insurance Provided
  - Lab Card/Membership
  - Patient

**Standing Order.** To be done every:  Week.  Two Weeks.  Month.

Total Months \_\_\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Is this a observed urine collection request:  YES  NO

### DIAGNOSIS / REASON:

Pre-Employment  Student Enrollment  DOT  Non DOT  Other

State Other: \_\_\_\_\_

### RAPID DRUG TEST

- 5 Panel Urine Drug Test
- 7 Panel Urine Drug Test
- 10 Panel Urine Drug Test
- 12 Panel Urine Drug Test
- 14 Panel Urine Drug Test
- 16 Panel Urine Drug Test

### OTHER LAB TEST

- COVID - 19
- Hepatitis screening
- Com Metabolic Panel
- Diabetes Screen
- Anemia
- Complete Blood Count
- Heart Disease screening
- Coagulation Panel
- QuanTiferon TB Gold Test
- Varicella - Zoster Virus
- Measles Antibody (IgG)
- Mumps Virus
- Rubella Antibody (IgG)

### DRUG PROFILE

- DRUG MONITOR, PCP, W/CONF, URINE
- Medmatch Phencyclidine
- Phencyclidine
- Phencyclidine

### BLOOD TESTS

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine and metabolite
- Phencyclidine
- THC (marijuana) metabolite
- Opiates
- Oxycodone
- Methadone
- Propoxyphene

### Hand Written Order 1002

Other: \_\_\_\_\_

### DONER INSTRUCTIONS

Make an appointment by call or online.

Take with you:

- Lab Request Form
- 1 form of Identification:
  - Drivers License
  - Passport
  - Government issued ID

### Important Urine drug testing notes

- You are not allowed to have kids with you during your sample collection period.
- You are not allowed to take items with you to the restroom. All items from your pocket will be locked away until the process is complete
- You are not allowed to flush the toilet or to wash your hands until the process is complete.
- If the sample is suspected to be tampered with or out of temperature range, you will be asked to provide another observed urine sample.

THANK YOU

Ordering Physician | Recruiter Signature: \_\_\_\_\_

### OFFICE USE

Sample collected: RT  SS  EDTA  G  UR  Stool  Swab  Other: \_\_\_\_\_ Tech: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_