



CHABADO GENOMICS

CHABADO GENOMICS
3870 Del Amo Blvd | Suite 502 | Torrance, CA 90503
P. 800.516.0597 | F. 424.398.0372
www.chabadogenomics.com | info@chabadogenomics.com

Practice Information

PRACTICE NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

REPRESENTATIVE _____

PHONE _____ EMAIL _____

PRACTICE CONTACT _____

PHONE _____ EMAIL _____

ESTIMATE START DATE _____

BILLING TYPE (BY %) _____ / _____ / _____ / _____
CLIENT BILL INSURANCE WC PI
REPORTING PREFERENCE: FAX PORTAL

Acknowledgment

I hereby acknowledge that Chabado Genomics will perform diagnostic testing for patients from my practice as assigned by my profile, as well as any test indicated on individual request forms.

LAST NAME	FIRST NAME	TITLE	NPI	PECOS #	SIGNATURE	DATE



CHABADO GENOMICS

CHABADO GENOMICS
3870 Del Amo Blvd | Suite 502 | Torrance, CA 90503
P. 800.516.0597 | F. 424.398.0372
www.chabadogenomics.com | info@chabadogenomics.com

AU480 Chemistry System

- UDT PANEL
- ORAL FLUID PANEL
- UPPER RESPIRATORY PANEL
- GI PANEL

Special Instructions: _____

Physician Acknowledgment And Authorization

I understand that it is the policy of Chabado Genomics to provide physicians with the flexibility to order tests in combination, and also to ensure that the convenience of doing so does not compromise deliberate decision making as to which tests are medically necessary for a particular patient at a particular time. I understand I may order any of the tests included in my Custom Profile, using Chabado Genomics Test Requisition. I agree that I will contact a Chabado Genomics Representative without delay if, at any point in time, the test combination that makes up my Custom Profile no longer reflects the needs of my patients or if, for any reason, I would like to modify my Custom Profile.

I understand that each individual test component of the Custom Profile I have designed will be billed with a separate CPT code, unless indicated otherwise on this form, and acknowledge that Chabado Genomics has provided me with a complete description of the codes it uses to bill the individual tests included in my Custom Profile, the maximum Medicare reimbursement amount for each test.

I understand that the Custom Profile I have designed may call for quantitative testing as a second assay following an initial qualitative Immunoassay test (conducted by Chabado Genomics), and understand that it is appropriate to order this profile only when I have determined that quantitative testing, rather than qualitative confirmatory assay, is medically necessary for a particular patient.

I understand that the use of Custom Profiles may result in the ordering of tests which are not covered, reasonable and/or necessary and that when ordering tests which reimbursement may be sought from Medicare, Medicaid and other federally-funded health care programs or third party payers, physicians should be careful to order only tests that are reasonable or necessary may violate federal law, and a physician who knowingly orders such tests may be subject to civil, criminal and/or administrative sanctions for causing submission of a false claim.

I understand the potential implications of ordering customized panels as described above and authorize Chabado Genomics to perform the Custom Profile I have created with this form, including each of the tests checked, each time I submit a specimen accompanied by a Test Requisition on which I have ordered my Custom Profile test option.

The use of a Custom Profile is offered to me as a convenience, but there is no requirement to establish one since any test I wish to order for a patient can also be ordered on Chabado Genomics's standard Requisition forms. By signing this form, I acknowledge the stated understandings and authorization.

Chabado Genomics also has my permission to outsource the processing of this sample at their discretion.

If you choose to design a Custom Profile, please carefully read the physician acknowledgment and authorization above.

LAST NAME	FIRST NAME	TITLE	NPI	PECOS #	SIGNATURE	DATE



CHABADO GENOMICS

CHABADO GENOMICS
3870 Del Amo Blvd | Suite 502 | Torrance, CA 90503
P. 800.516.0597 | F. 424.398.0372
www.chabadogenomics.com | info@chabadogenomics.com

Practice Information: _____	Rep: _____
_____	Phone: _____
_____	Date: _____

Custom Profile List LCMS COMPREHENSIVE

AMPHETAMINE PANEL

- Amphetamine
- Methamphetamine
- MDA
- Mephedrone
- Methylphenidate
- Ritalinic Acid

ANTI-DEPRESSANTS PANEL

- Amitriptyline
- Nortriptyline
- Cyclobenzaprine
- Desipramine
- Doxepin
- Duloxetine

OTHER DRUG PANELS

- Baclofen
- Clonidines
- Gabapentin
- Ketamine
- Norketamine
- Norpseudoephedrine
- Pregabalin
- Tizanidine

SEDATIVE PANEL

- Lorazepam
- Oxazepam
- Butalbital
- Phenobarbital
- Carisoprodol
- Meprobamate
- Alprazolam
- Hydroxalprazolam
- Clonazepam
- Aminoclonazepam
- Diazepam
- Nordiazepam
- Temazepam
- Zaleplon
- Zolpidem
- Metaxalone

URINE DRUG ADULTERATION

- Urine PH-Adulteration
- Urine Specific Gravity
- Urine Creatinine

OPIATES PANEL

- Morphine
- Oxymorphone
- Oxycodone
- Noroxycodone
- Codeine
- Hydrocodone
- Norhydrocodone
- Hydromorphone

ILLICIT AND OTHER DRUGS

- Cocaine Metabolite (Benzoylecgonine)
- Heroin Metabolite (6-MAM)
- JWH-018 Pentanoic
- JWH-073 Butanoic
- JWH-073 Hydroxybutyl
- JWH-2000
- THC-COOH
- MDEA
- MDMA

SYNTHETIC OPIOIDS PANEL

- Methadone
- EDDP-Methadone Metabolite
- Tramadol
- Desmethyltramadol
- Tapentadol
- Desmethyltapentadol
- Propoxyphene
- Fentanyl
- Norfentanyl
- Levorphanol
- Meperidine
- Normeperidine
- Naloxone
- Naltrexone
- Buprenorphine (Free Form)
- Norbuprenorphine

ALCOHOL PANEL

- Ethyl Alcohol