



Laboratory – Legal Toxicology Test Request

ID: **2933** Legal Law Attorney Office Not Available

Law Office Name:

Address:

Phone:

Fax:

Physician: Physician, None

***Date Results Needed By: ____/____/____

***Contact Name: _____

Patient Information			
Name	Last	First	MI
Patient Date of Birth		Specimen Collection Date	
Other information:			

Bill to:
(Lab Central staff: please order as Client Bill)

ORDERED TESTS

☐ Legal Ethanol Level, Whole Blood [LAB2111548]

☐ Drug Analysis Comprehensive, Blood [LAB349]

Spectrum Health Toxicology Blood Quantitation List

<input type="checkbox"/> Alprazolam	<input type="checkbox"/> Cyclobenzaprine	<input type="checkbox"/> Gabapentin	<input type="checkbox"/> Nortriptyline	<input type="checkbox"/> Opiates
<input type="checkbox"/> Amitriptyline	<input type="checkbox"/> Desipramine	<input type="checkbox"/> Hydroxyzine	<input type="checkbox"/> Olanzapine	<i>Includes:</i>
<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Dextromethorphan	<input type="checkbox"/> Imipramine	<input type="checkbox"/> Pentobarbital	<i>Codeine</i>
<input type="checkbox"/> Chlorpheniramine	<input type="checkbox"/> Diazepam	<input type="checkbox"/> Lidocaine	<input type="checkbox"/> Quetiapine	<i>Morphine</i>
<input type="checkbox"/> Citalopram	<input type="checkbox"/> Diphenhydramine	<input type="checkbox"/> Lorazepam	<input type="checkbox"/> Sertraline	<i>6-MAM</i>
<input type="checkbox"/> Clonazepam	<input type="checkbox"/> Doxylamine	<input type="checkbox"/> Methadone	<input type="checkbox"/> Tramadol	<i>Hydrocodone</i>
<input type="checkbox"/> Clozapine	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Trazodone	<i>Hydromorphone</i>
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Fluoxetine	<input type="checkbox"/> Nordiazepam	<input type="checkbox"/> Venlafaxine	<i>Oxycodone</i>
				<i>Hydrocodone</i>

ORDERED TESTS – Not listed above

Other Comments or Information:

A processing fee may be applied

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PROCESS

1. You must be a Spectrum Health Laboratory Client with a contract in place prior to sending requests or samples. To become a lab client, please fill out this form: <https://lab.spectrumhealth.org/new-client/legal-client/>.
Note: This process may take up to 30 days, please begin this process at least 30 days before you need results.
2. Fill out this form and email to Spectrum Health Toxicology Laboratory: SHToxicologyLab@spectrumhealth.org
3. Requests must be made in writing on official letterhead, submitted by the prosecuting attorney and must contain the following information for the MI State Crime Lab: Subject's Name, Laboratory Number, and Spectrum Health Laboratory – Toxicology, 35 Michigan 7th floor, MC 056, Grand Rapids, MI 49503, Phone: 616-774-7721
4. Once Spectrum Health Toxicology Laboratory receives the specimen from the MI State Crime Lab, testing will be performed on the next business day and results will be sent to the fax number on file.
5. You will receive a monthly invoice for all testing performed.
 - a. Submit check to PO Box indicated on the invoice, including the tear-off portion of the statement with the check.

CONTACT INFORMATION

For questions about testing and results please contact the Spectrum Health Toxicology Laboratory Email:
SHToxicologyLab@spectrumhealth.org

For inquiries regarding billing, pricing or your contract, please contact Spectrum Health Laboratory Services Email:
LaboratoryServices@spectrumhealth.org