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 Davie, Florida 33314
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 Email: LabStaff@sciontesting.com

LAB PROFILE REQUEST

Facility Name:		Contact Name:	
Address:		Contact Email:	Phone #:
City:	State:	Zip:	

As part of my facility / health care practice's compliance protocols, I hereby request and authorize Scion Lab Services, LLC to perform the following testing panel selected by me below utilizing a single check box:

DELIVERY PREFERENCE FOR RESULTS REPORTING			
<input type="checkbox"/> Secure Fax	<input type="checkbox"/> Online Via L.I.S. (LabNexus)		<input type="checkbox"/> Secure Email
Fax #:	User Name:	Email:	
	Password:		
		<input type="checkbox"/> EMR Integration	

Check all boxes that apply below

SCREENING PANEL

- Drug Screening Panel:** Amphetamine, Barbiturates, Benzodiazepines, Buprenorphine, Cocaine, Ethyl Glucuronide, Fentanyl, Methadone, Opiates, Oxycodone, TCA, and THC. To select a customized panel, see **Screening Protocol** below.
- Specimen Validity Testing Panel** when specimen is urine. Components: Creatinine, Specific Gravity, pH, and Oxidants.

CONFIRMATION PANEL

Section 1 (For Initial Testing Only)

- Confirm** all positive and negative screening results with quantitation by LCMS-MS, AND all drugs of abuse, illicit drugs, AND metabolites untestable through Qualitative screening methods (that are currently offered for testing by Scion Labs).
- OR -
- Confirm** all positive screening results with quantitation by LCMS-MS only (confirm only analytes for which drug screen results are positive)

Section 2 (For All Subsequent Testing)

- Confirm** all positive screening results with quantitation by LCMS-MS only (confirm only analytes for which drug screen results are positive and/or cross-reactive).
- Confirm** all Prescribed Medications

(The following is for IOP level of Care only)

- Confirm** all negative screening results with quantitation by LCMS-MS for all drugs of abuse, illicit drugs, AND metabolites untestable through Qualitative screening methods (that are currently offered for testing by Scion Labs or the Client Facility).
- Confirm** all positive screening results with quantitation by LCMS-MS only (confirm only analytes for which drug screen results are positive and/or cross-reactive)

Initials of Prescribing Physician: _____

SCREENING PROTOCOL

EIA CUSTOM PANEL FOR YOUR FACILITY WILL INCLUDE THE FOLLOWING TESTS: (PLEASE CHECK ALL THAT APPLY)

*Do not check if you have checked the **Drug Screening Panel** box above.

<input type="checkbox"/>	BARBITURATE
<input type="checkbox"/>	BENZODIAZEPINE
<input type="checkbox"/>	BUPRENORPHINE
<input type="checkbox"/>	CANNABINOID (THC)
<input type="checkbox"/>	COCAINE
<input type="checkbox"/>	OXYCODONE
<input type="checkbox"/>	ETHYL GLUCURONIDE (ETG)
<input type="checkbox"/>	FENTANYL

<input type="checkbox"/>	METHADONE
<input type="checkbox"/>	OPIATE
<input type="checkbox"/>	TCA
<input type="checkbox"/>	CREATININE *
<input type="checkbox"/>	OXIDANTS *
<input type="checkbox"/>	PH *
<input type="checkbox"/>	SPECIFIC GRAVITY *

* Used to Test for Adulterants

You must check each box listed below to indicate that you have read, acknowledge and understand each.

- I understand that it is the provider’s responsibility to determine the Medical Necessity of each test requested, and that only tests which are reasonable and medically necessary should be ordered. The method of test selection I choose will be based on Medical Necessity for each of my patients. The Office of Inspector General (OIG) takes the position that an individual who knowingly causes a false claim to be submitted may be subject to sanctions or remedies available under civil, criminal, and administrative law.

- I understand that it is my option to use the single check box ordering panel choice on the test requisition OR to choose test orders individually. If tests are ordered individually, only those screening panels or drug analytes indicated on the Laboratory Requisition form will be tested. Additional patient-specific drugs can be added to the profile by checking individual tests in addition to the profile choice box.

- I will maintain all written consent forms as part of the patient file and will make them available to Scion Lab Services, LLC upon reasonable request.

- Electronic Order Authorization.** Florida Laboratory Licensing Regulations require that specimens be tested at the request of a licensed practitioner. I understand electronic orders entered through our LIMS serve as documentation for an order authorized by an ordering licensed practitioner since the act was performed by or authorized by the practitioner. I understand any order authorized by an order entry technician must be entered with their unique user information and documented by practitioner in the patient file.

Initials of Prescribing Physician: _____

CONFIRMATION PANEL BY DRUG CLASS on the LCMS/MS

Check All Boxes That Apply

*Skip this section if you intend to confirm by Analyte per the CONFIRMATION PANEL BY ANALYTE on the next page.

<input type="checkbox"/> AMPHETAMINES	<input type="checkbox"/> ANORECTIC
AMPHETAMINE METHAMPHETAMINE	PHENTERMINE
<input type="checkbox"/> ANTICONVULSANTS	<input type="checkbox"/> ANTIDEPRESSANTS
LAMOTRIGINE LEVETIRACETAM	GABAPENTIN PREGABALIN
<input type="checkbox"/> ANTIHISTAMINES	<input type="checkbox"/> ANTIPSYCHOTICS
HYDROXYZINE	9-HYDROXYRISPERIDONE ARIPIPIRAZOLE OLANZAPINE
<input type="checkbox"/> ANTITUSSIVE	<input type="checkbox"/> ANXIOLYTICS
DEXTROMETHORPHAN	BUSPIRONE
<input type="checkbox"/> BARBITURATES	<input type="checkbox"/> BENZODIAZEPINES
BUTALBITAL PHENOBARBITAL	7-AMINOCLONAZEPAM ALPHA-HYDROXYALPRAZOLAM ALPRAZOLAM CHLORDIAZEPOXIDE CLONAZEPAM DIAZEPAM
<input type="checkbox"/> BUPRENORPHINE	<input type="checkbox"/> CANNABINOIDS
BUPRENORPHINE NORBUPRENORPHINE	THC-COOH
<input type="checkbox"/> CATHINONES	<input type="checkbox"/> COCAINE
ALPHA-PVP MDPV	MEPHEDRONE
<input type="checkbox"/> ETHYL ALCOHOL BIOMARKERS	<input type="checkbox"/> FENTANYL
ETHYL SULFATE ETHYL-BETA-D-GLUCURONIDE	NORFENTANYL FENTANYL
<input type="checkbox"/> HALLUCINOGEN	<input type="checkbox"/> HYDROCODONE
PHENCYCLIDINE	HYDROCODONE HYDROMORPHONE
<input type="checkbox"/> HYPNOTICS	<input type="checkbox"/> METHADONE
KETAMINE ZALEPLON	ZOLPIDEM
<input type="checkbox"/> METHYLPHENIDATE	<input type="checkbox"/> MUSCLE RELAXANTS
RITALINIC ACID	CARISOPRODOL CYCLOBENZAPRINE
	MEPROBAMATE

Initials of Prescribing Physician: _____

<input type="checkbox"/> OPIATES		<input type="checkbox"/> OPIOID ANTAGONISTS	
6-ACETYLMORPHINE	MORPHINE	6-BETA-NALTREXOL	NALTREXONE
CODEINE		MEPERIDINE	NORMEPERIDINE
		NALOXONE	
<input type="checkbox"/> OXYCODONE		<input type="checkbox"/> SNRI ANTIDEPRESSANT	
NOROXYCODONE	OXYMORPHONE	VENLAFAXINE	
OXYCODONE			
<input type="checkbox"/> SSRI ANTIDEPRESSANTS		<input type="checkbox"/> STIMULANT/OPIOID	
CITALOPRAM	PAROXETINE	7-HYDROXYMITRAGYNINE	MITRAGYNINE
FLUOXETINE	SERTRALINE		
NORSERTRALINE			
<input type="checkbox"/> SUBSTITUTED AMPHETAMINES		<input type="checkbox"/> TAPENTADOL	
MDA		TAPENTADOL	
MDMA			
<input type="checkbox"/> TRAMADOL		<input type="checkbox"/> TRICYCLIC ANTIDEPRESSANTS	
O-DESMETHYLTRAMADOL		AMITRIPTYLINE	DOXEPIN
TRAMADOL		DESIPRAMINE	IMIPRAMINE
		DESMETHYLDOXEPIN	NORTRIPTYLINE

Initials of Prescribing Physician: _____

CONFIRMATION PANEL BY ANALYTE on the LCMS/MS

*Skip this section if you have previously selected the CONFIRMATION PANEL BY DRUG CLASS above.

Check All Boxes That Apply

-or-

Check here to select 'ALL' of the below analytes for confirmation testing

DRUG NAME		DRUG NAME	
<input type="checkbox"/>	6-ACETYLMORPHINE	<input type="checkbox"/>	METHAMPHETAMINE
<input type="checkbox"/>	ALPHA-PVP	<input type="checkbox"/>	MIDAZOLAM
<input type="checkbox"/>	ALPRAZOLAM/ALPHA-	<input type="checkbox"/>	MITRAGYNINE/7-HYDROXYMITRAGYNINE
<input type="checkbox"/>	AMITRIPTYLINE/NORTRIPTYLINE	<input type="checkbox"/>	MORPHINE
<input type="checkbox"/>	AMPHETAMINE	<input type="checkbox"/>	NALOXONE
<input type="checkbox"/>	ARIPIRAZOLE	<input type="checkbox"/>	NALTREXONE/6-BETA-NALTREXOL
<input type="checkbox"/>	BENZOYLECGONINE (COCAINE	<input type="checkbox"/>	OLANZAPINE
<input type="checkbox"/>	BUPRENORPHINE/NORBUPRENORPHINE	<input type="checkbox"/>	OXAZEPAM
<input type="checkbox"/>	BUPROPION	<input type="checkbox"/>	OXYCODONE/NOROXYCODONE
<input type="checkbox"/>	BUSPIRONE	<input type="checkbox"/>	OXYMORPHONE
<input type="checkbox"/>	CARISOPRODOL/MEPROBAMATE	<input type="checkbox"/>	PAROXETINE
<input type="checkbox"/>	CITALOPRAM	<input type="checkbox"/>	PHENCYCLIDINE
<input type="checkbox"/>	CLONAZEPAM/7-AMINOCLOAZEPAM	<input type="checkbox"/>	PREGABALIN
<input type="checkbox"/>	CODEINE	<input type="checkbox"/>	QUETIAPINE
<input type="checkbox"/>	CYCLOBENZAPRINE	<input type="checkbox"/>	RITALINIC ACID
<input type="checkbox"/>	DESIPRAMINE	<input type="checkbox"/>	TAPENTADOL
<input type="checkbox"/>	DEXTROMETHORPHAN	<input type="checkbox"/>	TEMAZEPAM
<input type="checkbox"/>	DIAZEPAM/NORDIAZEPAM	<input type="checkbox"/>	THC-COOH
<input type="checkbox"/>	DOXEPIN/DESMETHYLDXEPIN	<input type="checkbox"/>	TRAMADOL/O-DESMETHYLTRAMADOL
<input type="checkbox"/>	FENTANYL/NORFENTANYL	<input type="checkbox"/>	TRAZODONE
<input type="checkbox"/>	FLUNITRAZEPAM	<input type="checkbox"/>	VENLAFAXINE
<input type="checkbox"/>	FLUOXETINE	<input type="checkbox"/>	ZALEPLON
<input type="checkbox"/>	GABAPENTIN	<input type="checkbox"/>	ZOLPIDEM
<input type="checkbox"/>	HYDROCODONE/NORHYDROCODONE	<input type="checkbox"/>	CHLORDIAZEPOXIDE
<input type="checkbox"/>	HYDROMORPHONE	<input type="checkbox"/>	DULOXETINE
<input type="checkbox"/>	IMIPRAMINE	<input type="checkbox"/>	HYDROXYZINE
<input type="checkbox"/>	KETAMINE	<input type="checkbox"/>	LEVETIRACETAM
<input type="checkbox"/>	LAMOTRIGINE	<input type="checkbox"/>	MDPV
<input type="checkbox"/>	LORAZEPAM	<input type="checkbox"/>	MEPHEDRONE
<input type="checkbox"/>	MDMA/MDA	<input type="checkbox"/>	PHTERMINE
<input type="checkbox"/>	MEPERIDINE/NORMEPRIDINE	<input type="checkbox"/>	9-HYDROXYRISPERIDONE
<input type="checkbox"/>	METHADONE/EDDP	<input type="checkbox"/>	SERTRALINE/NORSERTRALINE

Initials of Prescribing Physician: _____

Check Box to Select Entire Panel

Check Box to Select Entire Panel

Comprehensive Male Wellness Panel	Comprehensive Female Wellness Panel
COMPREHENSIVE METABOLIC PANEL (CMP)	COMPREHENSIVE METABOLIC PANEL (CMP)
DIRECT BILIRUBIN	DIRECT BILIRUBIN
GGT	GGT
CBC WITH DIFFERENTIAL	CBC WITH DIFFERENTIAL
LIPID PANEL	LIPID PANEL
HEMOGLOBIN A1C	HEMOGLOBIN A1C
TESTOSTERONE, TOTAL	ESTRADIOL
VITAMIN D	VITAMIN D
TSH	TSH
CORTISOL	CORTISOL
FERRITIN	FERRITIN
UIBC	UIBC
IRON	IRON
TRANSFERRIN	TRANSFERRIN
FOLATE	FOLATE
VITAMIN B12	VITAMIN B12
PHOSPHORUS	PHOSPHORUS

Check Box to Select Entire Panel

INFECTIOUS DISEASE PANEL
ANTI-HBC IGM
ANTI-HCV
HBSAG WITH REFLEX TO CONFIRMATION
HIV AB/AB COMBO SCREEN
SYPHILIS

BASIC PANELS

Check Box to Select Entire Panel

Check Box to Select Entire Panel

Check Box to Select Entire Panel

Basic Wellness Panel Includes:	Basic Male Wellness Panel Includes:	Basic Female Wellness Panel Includes:
COMPREHENSIVE METABOLIC PANEL (CMP)	COMPREHENSIVE METABOLIC PANEL (CMP)	COMPREHENSIVE METABOLIC PANEL (CMP)
CBC WITH DIFFERENTIAL	CBC WITH DIFFERENTIAL	CBC WITH DIFFERENTIAL
LIPID PANEL	LIPID PANEL	LIPID PANEL
HEMOGLOBIN A1C	HEMOGLOBIN A1C	HEMOGLOBIN A1C
VITAMIN D	TESTOSTERONE, TOTAL	ESTRADIOL
	VITAMIN D	VITAMIN D

Initials of Prescribing Physician: _____

CHEMISTRY PANELS

Check Box to Select Entire Panel
 Check Box to Select Entire Panel
 Check Box to Select Entire Panel

Comprehensive Metabolic Panel Includes:	Renal Function Panel Includes:	Basic Metabolic Panel Includes:
ALT	ALBUMIN	BUN
ALBUMIN	BUN	BUN:CREATININE RATIO
ALBUMIN: GLOBULIN (A:G) RATIO	BUN:CREATININE RATIO	CALCIUM
ALP	CALCIUM	CO2
AST	CO2	CHLORIDE
BILIRUBIN, TOTAL	CHLORIDE	CREATININE
BUN	CREATININE	EGFR CALCULATION
BUN:CREATININE RATIO	EGFR CALCULATION	GLUCOSE
CALCIUM	GLUCOSE	POTASSIUM
CO2	POTASSIUM	SODIUM
CHLORIDE	PHOSPHORUS	ANION GAP
CREATININE	SODIUM	
EGFR CALCULATION	ANION GAP	
GLOBULIN		
GLUCOSE		
POTASSIUM		
PROTEIN, TOTAL		
SODIUM		
ANION GAP		

Check Box to Select Entire Panel
 Check Box to Select Entire Panel
 Check Box to Select Entire Panel

Electrolyte Panel Includes:	Lipid Panel Includes:	Cardiovascular Panel Includes:
CO2	CHOLESTEROL, TOTAL	APO-A
CHLORIDE	LDL	APO-B
POTASSIUM	HDL	HSCRIP
SODIUM	TRIGLYCERIDES	HOMOCYSTEINE
ANION GAP	HDL/LDL	LIPID PANEL
	CHOLESTEROL/HDL RATIO	

Check Box to Select Entire Panel
 Check Box to Select Entire Panel
 Check Box to Select Entire Panel

Hepatic Function Panel Includes:	Anemia Panel Includes:	Serum Chemistry Panel Includes:
ALT	CBC WITH DIFFERENTIAL	COMPREHENSIVE METABOLIC PANEL (CMP)
ALBUMIN	FERRITIN	PHOSPHORUS
ALBUMIN: GLOBULIN (A:G) RATIO	IRON	BILIRUBIN, DIRECT
ALP	UIBC	GGT
AST	VITAMIN B12	
BILIRUBIN, TOTAL	FOLATE	
BILIRUBIN, DIRECT		
GLOBULIN		
PROTEIN, TOTAL		

Initials of Prescribing Physician: _____

IMMUNOLOGY AND ENDOCRINOLOGY PANELS

Check Box to Select Entire Panel
 Check Box to Select Entire Panel
 Check Box to Select Entire Panel

Male Hormone Panel Includes:	Female Hormone Panel Includes:	Thyroid Panel Includes:
ESTRADIOL	ESTRADIOL	TSH
PROGESTERONE	PROGESTERONE	T4
TESTOSTERONE, TOTAL	TESTOSTERONE, TOTAL	T3
SEX HORMONE BINDING GLOBULIN	SEX HORMONE BINDING GLOBULIN	FREE T3
DHEA-S	DHEA-S	FREE T4
FSH	FSH	
LH	LH	
PROLACTIN	PROLACTIN	

Check Box to Select Entire Panel
 Check Box to Select Entire Panel
 Check Box to Select Entire Panel

Thyroid Antibody Panel Includes:	Osteoporosis Screen Includes:	Diabetes Panel Includes:
ANTI-TG (THYROGLOBIN ANTIBODY)	VITAMIN D	HEMOGLOBIN A1C
ANTI-TPO (THYROID PEROXIDASE)	CALCIUM	INSULIN
	INTACT PTH	

INDIVIDUAL CHEMISTRY TESTS

Check All Boxes That Apply

*Skip this section if you have previously selected CHEMISTRY TESTS BY PANEL above

<input checked="" type="checkbox"/>	Test	<input checked="" type="checkbox"/>	Test
<input type="checkbox"/>	ALBUMIN	<input type="checkbox"/>	HGA1C
<input type="checkbox"/>	ALP	<input type="checkbox"/>	HOMOCYSTEINE
<input type="checkbox"/>	ALT	<input type="checkbox"/>	HSCRIP
<input type="checkbox"/>	APOLIPOPROTEIN A1	<input type="checkbox"/>	IRON
<input type="checkbox"/>	APOLIPOPROTEIN B	<input type="checkbox"/>	LITHIUM
<input type="checkbox"/>	AST	<input type="checkbox"/>	MAGNESIUM
<input type="checkbox"/>	B12	<input type="checkbox"/>	PHOSPHORUS
<input type="checkbox"/>	BUN	<input type="checkbox"/>	POTASSIUM
<input type="checkbox"/>	CALCIUM	<input type="checkbox"/>	SODIUM
<input type="checkbox"/>	CHLORIDE	<input type="checkbox"/>	TBIL
<input type="checkbox"/>	CO2	<input type="checkbox"/>	TOTAL CHOLESTEROL
<input type="checkbox"/>	CREATININE	<input type="checkbox"/>	TOTAL PROTEIN
<input type="checkbox"/>	DHDL	<input type="checkbox"/>	TRANSFERRIN
<input type="checkbox"/>	DBIL	<input type="checkbox"/>	TRIGLYCERIDE
<input type="checkbox"/>	DLDL	<input type="checkbox"/>	UIBC
<input type="checkbox"/>	FERRITIN	<input type="checkbox"/>	URIC ACID
<input type="checkbox"/>	FOLATE	<input type="checkbox"/>	DEPAKOTE LEVEL (VALPROIC ACID)
<input type="checkbox"/>	GGT	<input type="checkbox"/>	VITAMIN D
<input type="checkbox"/>	GLUCOSE		

Initials of Prescribing Physician: _____

INDIVIDUAL IMMUNOLOGY AND ENDOCRINOLOGY TESTS

Check All Boxes That Apply

*Skip this section if you have previously selected IMMUNOLOGY AND ENDOCRINOLOGY TESTS BY PANEL above.

<input checked="" type="checkbox"/>	Test	<input checked="" type="checkbox"/>	Test
<input type="checkbox"/>	ANTI-TG	<input type="checkbox"/>	INTACT PTH
<input type="checkbox"/>	ANTI-TPO	<input type="checkbox"/>	PROGESTERONE
<input type="checkbox"/>	CA-125	<input type="checkbox"/>	PROLACTIN
<input type="checkbox"/>	CORTISOL	<input type="checkbox"/>	SHBG
<input type="checkbox"/>	DHEA-S	<input type="checkbox"/>	TESTOSTERONE
<input type="checkbox"/>	ESTRADIOL	<input type="checkbox"/>	TOTAL PSA
<input type="checkbox"/>	FREE T3	<input type="checkbox"/>	TOTAL T3
<input type="checkbox"/>	FREE T4	<input type="checkbox"/>	TOTAL T4
<input type="checkbox"/>	FSH	<input type="checkbox"/>	TSH
<input type="checkbox"/>	INSULIN		
<input type="checkbox"/>	TESTOSTERONE, FREE (CALCULATED): CALCULATION DERIVED FROM ALBUMIN, TOTAL TESTOSTERONE, SEX HORMONE BINDING GLOBULIN (SHBG)		

INDIVIDUAL INFECTIOUS DISEASE TESTS

Check All Boxes That Apply

*Skip this section if you have previously selected INFECTIOUS DISEASE TESTS BY PANEL above.

<input checked="" type="checkbox"/>	Test
<input type="checkbox"/>	ANTI-HBC IGM
<input type="checkbox"/>	ANTI-HCV
<input type="checkbox"/>	HBSAG WITH REFLEX TO
<input type="checkbox"/>	HIV AB/AB COMBO SCREEN
<input type="checkbox"/>	SYPHILIS
<input type="checkbox"/>	NEISSERIA GONORRHEA
<input type="checkbox"/>	CHLAMYDIA TRACHOMATIS

SARS-CoV-2 TESTS

Check All Boxes That Apply

<input checked="" type="checkbox"/>	Test
<input type="checkbox"/>	SARS-COV-2 RNA MOLECULAR DETECTION TEST (PCR)
<input type="checkbox"/>	SARS-COV-2 IGG ANTIBODY TEST

Initials of Prescribing Physician: _____

INDIVIDUAL HEMATOLOGY TESTS

Check All Boxes That Apply

***Skip this section if you have previously selected HEMATOLOGY TESTS BY PANEL above.**

<input checked="" type="checkbox"/>	Test
<input type="checkbox"/>	WBC
<input type="checkbox"/>	RBC
<input type="checkbox"/>	HEMOGLOBIN
<input type="checkbox"/>	HEMATOCRIT
<input type="checkbox"/>	PLATELET
<input type="checkbox"/>	MPV (MEAN PLATELET VOLUME)
<input type="checkbox"/>	RDW (RED CELL DISTRIBUTION WIDTH)
<input type="checkbox"/>	MCV (MEAN CELL VOLUME)
<input type="checkbox"/>	MCH (MEAN CELL HEMOGLOBIN)
<input type="checkbox"/>	MCHC (MEAN CORPUSCULAR
<input type="checkbox"/>	NEUTROPHIL PERCENT AND ABSOLUTE
<input type="checkbox"/>	LYMPHOCYTE PERCENT AND
<input type="checkbox"/>	MID-CELL PERCENT AND ABSOLUTE

URINALYSIS TEST

Check All Boxes That Apply

<input checked="" type="checkbox"/>	Test
<input type="checkbox"/>	URINALYSIS WITH REFLEX TO MICROSCOPIC AS APPLICABLE

I understand and hereby acknowledge that:

(1) I have requested the creation of a custom profile of certain tests for use in the facility, all of which are appropriate;

(2) I understand that when ordering tests for which Medicare reimbursement will be sought, I should only order those tests which I believe are medically necessary for each patient; (3) I know that using a customized profile may result in the ordering of tests for which Medicare or other federally funded health care programs may deny payment; (4) I will order individual tests or a less inclusive profile when not all of the tests included in the customized profile are medically necessary for an individual patient; (5) I have been informed that the OIG takes the position that a physician who orders medically unnecessary tests may be subject to civil penalties; and (6) A nurse Practitioner (NP) or Physician Assistant (PA) will only send specimens to Scion Lab Services, LLC when my practice or facility is billing under his or her NPI number. If my practice or facility does NOT bill under the NP or PA's NPI number for any patient, I understand that the physician must be the one to order the test for that patient.

This Predefined Custom Panel request will be valid for one (1) year from the date of signature, at the end of which time a review and reauthorization will be requested. However, I may change it at any time. I understand that at any time I can override my standing order through individualized selections on each patient's individual requisition.

The providers listed below will all choose to utilize the attached single checkbox profile. This may be authorized to Scion Lab Services, LLC either by individual signatures from provider, or by the signature of a single physician authorized to sign for the group.

Provider's Name (Print)	Provider's Signature	NPI	Date