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## 2026 Alternative Assessment Program Order Form

Full list of analytes and offerings on page 3. For questions regarding pricing, please contact [Proficiency.Testing@lighthouselabservices.com](mailto:Proficiency.Testing@lighthouselabservices.com)

### Alternative Assessment Offerings (please circle survey(s) you want to order for 2026):

Tox (Urine)                      EtOH (Urine)

### Alternative Assessment Survey Descriptions and 2026 Shipping Dates:

#### Tox (Urine):

Two (2) shipments of five, 1.0 mL urine specimens  
Ideal for labs offering confirmatory and/or quantitative urine drug analysis for toxicology/pain management

2026 Shipping Dates: April 21  
September 15

#### EtOH (Urine):

Two (2) shipments of five (5), 1.25 mL urine specimens  
Ideal for labs offering qualitative or semi-quantitative analysis of EtOH (EIA)

2026 Shipping Dates: April 21  
September 15

### Laboratory Information

Laboratory Name: \_\_\_\_\_ CLIA ID: \_\_\_\_\_

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

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

### Laboratory Director

Name: \_\_\_\_\_ MD \_\_\_ DO \_\_\_ PhD \_\_\_ Other \_\_\_

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

### Ordering Contact:

Name: \_\_\_\_\_ MD \_\_\_ DO \_\_\_ PhD \_\_\_ Other \_\_\_

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

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**Shipping Contact:**

Name: \_\_\_\_\_ MD \_\_\_ DO \_\_\_ PhD \_\_\_ Other \_\_\_

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

**2026 Alternative Assessment Program Order Form**

To avoid delay, please include ONE of the following methods of payment:

**Billing and Payment**

Payment Total: \$ \_\_\_\_\_

REMITTANCE EMAIL: \_\_\_\_\_

INTERNAL PO NUMBER: \_\_\_\_\_

**ACH INFORMATION:**

NAME ON ACCOUNT: \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

***\$1 TRANSACTION FEE*****CREDIT CARD INFORMATION:**

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CSC \_\_\_\_\_

***3.5% TRANSACTION FEE***

Approved By \_\_\_\_\_

Date \_\_\_\_\_

**Billing Contact:**

Name: \_\_\_\_\_ MD \_\_\_ DO \_\_\_ PhD \_\_\_ Other \_\_\_

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

TOXICOLOGY		
TOX (Urine)		
4-hydroxy Xylazine	Gabapentin	Olanzapine
6-acetylmorphine (6-AM)	Haloperidol	Oxazepam
7-aminoclonazepam	Hydrocodone	Oxycodone
9-Hydroxyrisperidone	Hydromorphone	Oxymorphone
Acetaminophen	Hydroxybupropion	Paroxetine
Alpha-hydroxyalprazolam	Imipramine	Pentazocine
alpha-PVP	JWH-018 5-pentanoic acid	Phencylidine (PCP)
Alprazolam	Ketamine	Phenobarbital
Amitriptyline	Levorphanol	Phentermine
Amphetamine	Lorazepam	Pregabalin
Aripiprazole	Meperidine	Propoxyphene
Benzoyllecgonine	Meprobamate	Quetiapine
Buprenorphine	Methadone	Risperidone
Bupropion	Methadone metabolite (EDDP)	Ritalinic Acid
Butalbital	Methamphetamine	Sertraline
Carisoprodol	Methylenedioxyamphetamine (MDA)	Tapentadol
Citalopram	Methylenedioxymethamphetamine (MDMA)	Temazepam
Clonazepam	Methylenedioxypropyvalerone (MDPV)	Tianeptine
Clozapine	Methylone	Tramadol
Codeine	Methylphenidate	Trazadone
Cotinine	Mirtazapine	Triazolam
Cyclobenzaprine	Mitragynine (kratum)	Venlafaxine
Delta-9-THC-COOH	Morphine	Xylazine
Desipramine	Naloxone	Zaleplon
Desmethyldoxepin	Naltrexone	Zolpidem
Dextromethorphan	Norbuprenorphine	Zolpidem-Phenyl-4-Carboxylic Acid
Dextrophan	Nordiazepam	
Diazepam	Norfentanyl	
Doxepin	Norhydrocodone	
Duloxetine	Norketamine	
Ethyl Glucuronide	Normeperidine	
Ethyl Sulfate	Noroxycodone	
Fentanyl	Norpropoxyphene	
Fluoxetine	Nortriptyline	
Flurazepam	O-desmethyltramadol	
	<b>EtOH (Urine) Qualitative and Quantitative</b>	
EtOH		

## Analytes for FUTURE Consideration

TOX (Urine) – PLEASE SELECT or ENTER ANALYTE to INDICATE INTEREST

<input type="checkbox"/>	4-ANPP
<input type="checkbox"/>	4-Methylmethcathinone (Mephedrone)
<input type="checkbox"/>	6-Beta-Naltrexol
<input type="checkbox"/>	7-hydroxyquetiapine
<input type="checkbox"/>	9-Hydroxyrisperidone
<input type="checkbox"/>	Acetylnorfentanyl
<input type="checkbox"/>	Butabarbital
<input type="checkbox"/>	Bromazolam
<input type="checkbox"/>	Butorphanol
<input type="checkbox"/>	Chlorpromazine
<input type="checkbox"/>	Clomipramine
<input type="checkbox"/>	Desalkylflurazepam
<input type="checkbox"/>	Desmethylcitalopram
<input type="checkbox"/>	Desmethylclomipramine
<input type="checkbox"/>	Dextrorphan
<input type="checkbox"/>	Flunitrazepam
<input type="checkbox"/>	JWH-073 4-butanoic acid
<input type="checkbox"/>	Lurasidone
<input type="checkbox"/>	Meta-Chlorophenylpiperazine
<input type="checkbox"/>	Methylenedioxyethylamphetamine (MDEA)
<input type="checkbox"/>	Midazolam
<input type="checkbox"/>	Modafinil
<input type="checkbox"/>	n-Desmethyloanzapine
<input type="checkbox"/>	Norfluoxetine
<input type="checkbox"/>	Midazolam
<input type="checkbox"/>	Modafinil
<input type="checkbox"/>	n-Desmethyloanzapine
<input type="checkbox"/>	Parafluorofentanyl
<input type="checkbox"/>	Pentobarbital
<input type="checkbox"/>	Secobarbital
<input type="checkbox"/>	U-47700
<input type="checkbox"/>	UR-144
<input type="checkbox"/>	XLR-11
<input type="checkbox"/>	Zopiclone
<input type="checkbox"/>	
<input type="checkbox"/>	Other:
<input type="checkbox"/>	
<input type="checkbox"/>	

