

Last Name: _____
 First Name: _____
 Date of Birth (DD/MM/YYYY): _____
 Gender: Male Female
 Ontario Health Card #: _____ Version: _____
 History / Client #: _____

Referring Physician: _____
Referring Institution: _____
Address: _____
Phone Results to: _____
Tel #: _____ **Fax #:** _____

DRUG FACILITATED SEXUAL ASSAULT

Referred-in Requisition

Urgency **STAT** **Routine**

CLINICAL INFORMATION

Drug Facilitated Sexual Assault	Suspected Drugs, Mode and Time of Intake:
Please indicate samples submitted for testing:	Medications Given or Prescribed:
<input type="checkbox"/> Blood only	
<input type="checkbox"/> Urine only	
<input type="checkbox"/> Blood & Urine	Brief Medical History:

SPECIMEN REQUEST & PANEL INFORMATION

<input type="checkbox"/> BLOOD (10 mL clotted required)	<input type="checkbox"/> URINE (10 mL required)	
Collection: _____	Collection: _____	
Date (DD-MM-YYYY) _____ Time (hh:mm) _____	Date (DD-MM-YYYY) _____ Time (hh:mm) _____	
Your Specimen # _____	Your Specimen # _____	
Blood Panel	Urine Panel	Blood & Urine Panel
<ul style="list-style-type: none"> Broad Spectrum Drug Screen Barbiturate/Sedative Screen Benzodiazepine Screen/Identification (included in Broad Spectrum Drug Screen) Volatile Screen (Ethanol, Methanol, Isopropanol, Acetone) GHB 	<ul style="list-style-type: none"> Broad Spectrum Drug Screen Barbiturate Screen Benzodiazepine Screen/Identification (included in Broad Spectrum Drug Screen) THC Screen Volatile Screen (Ethanol, Methanol, Isopropanol, Acetone) GHB 	<ul style="list-style-type: none"> Broad Spectrum Drug Screen – urine Barbiturate Screen - urine Benzodiazepine Screen/Identification - urine (included in Broad Spectrum Drug Screen) THC - urine GHB - urine Volatile Screen (Ethanol, Methanol, Isopropanol, Acetone) – blood Barbiturate/Sedative Screen – blood Benzodiazepine Screen/Identification – blood
SickKids Lab # _____	SickKids Lab # _____	

LABORATORY USE ONLY