

TOXICOLOGY & THERAPEUTIC DRUG MONITORING

Referred-in Requisition

Urgency STAT Routine

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

Version:

Referring Physician:

Referring Institution:

Address:

Phone Results to:

Tel #:

Fax #:

CLINICAL INFORMATION

Toxidrome

Please indicate how the patient presented:

- SEDATIVE HYPNOTIC
 STIMULANT
 COMA - APNEA - SEIZURE
 HALLUCINOGENIC
 ANTICHOLINERGIC
 UNKNOWN

Suspected Drugs, Mode and Time of Intake:

Medications Given or Prescribed:

Brief Medical History:

SPECIMEN AND REQUEST INFORMATION

BLOOD (10 mL clotted required)

Collection:

____ - ____ - ____ : ____ h
(DD-MM-YYYY) (hh:mm)

Your Specimen #

BLOOD TESTS REQUESTED:

Volatile Quantitation
(Ethanol, Methanol, Isopropanol, Acetone)

Glycol Quantitation

- Ethylene Glycol
 Propylene Glycol
 Diethylene Glycol

Barbiturates and Other Sedatives

Analgesics

- Acetaminophen
 Ibuprofen
 Salicylate

Psychotropic Drugs (included in Broad Spectrum Drug Screen)

- Benzodiazepine Screen
 Tricyclic Antidepressant Screen

Date Rape Drugs

- Gamma Hydroxy Butyrate (GHB)

Broad Spectrum Drug Screen

SickKids Lab #

URINE (10 mL required)

Collection:

____ - ____ - ____ : ____ h
(DD-MM-YYYY) (hh:mm)

Your Specimen #

URINE TESTS REQUESTED:

- Broad Spectrum Drug Screen**
 Benzodiazepine Screen Identification
(included in Broad Spectrum Drug Screen)

All tests below are not included in the Broad Spectrum Drug Screen

Barbiturate Screen

Cannabinoid Screen

Ethanol

Date Rape Drugs

- Gamma Hydroxy Butyrate (GHB)

Other Tests

SickKids Lab #

LABORATORY USE ONLY