SickKids
THE HOSPITAL FOR SICK CHILDREN
Paediatric Laboratory Medicine

TOXICOLOGY & THERAPEUTIC DRUG MONITORING SERVICE
555 University Avenue
Room 3642, Atrium
Toronto, ON, M5G 1X8, Canada
Tel: 416-813-7200
Fax: 416-813-5431

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 #: *Version:*
History / Client #:

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*
- ❑ Di*ethylene Glycol*

❑ **Barbiturates and Other Sedatives**

Analgesics
- ❑ Acetaminophen
- ❑ Ibuprofen
- ❑ Salicylate

Psychotropic Drugs *(included in Broad Spectrum Drug Screen)*
- ❑ Benzodiazepine Screen
- ❑ Tryciclic 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

SickKids®
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Referred-in Requisition

BILLING FORM

The hospital, referring laboratory, or a patient/guardian will be billed for the services rendered.

- Invoices are sent upon completion of each test/service.

How to complete the Billing Form: *(Completion of Billing Form NOT required for patients with an Ontario Health Card Number.)*

- **Referring Physician completes the appropriate section below to specify billing method.**
- **Send requisition and completed "Billing Form" with specimen.**

Option 1: Complete to have the Healthcare Provider billed:

Your Referring Laboratory's Reference #: _____

Billing address of hospital, referring laboratory:

Name:_____

Address: _____

City:_____Prov/State: _____

Postal/Zip Code: _____ Country: _____

Contact Name: _____

Contact Telephone #: _____

Option 2: Interm Federal Health Program (IFHP)

Submit a copy of the Interim Federal Health Certificate (Refugee Protection Claimant Document) with the photo and UCI# visible for coverage to be confirmed.

UCI# _____

ICD code *(lab use only)*:_____

Option 3: Complete to have Patient/Guardian billed directly:

If you elect to have patient/guardian billed:

- *Patient/Guardian billing information below must be complete; otherwise, the healthcare provider will be billed.*
- *Please advise the patient/guardian to expect a bill from our laboratory.*
- *Provide us with patient's valid credit card information.*
- *Unfortunately, we cannot accept personal checks.*
- ***In this case, the patient/guardian is solely responsible for the charges.***

Relation to patient (check one): ☐ Patient ☐ Guardian/Parent

Method of Payment (check one): ☐ American Express ☐ MasterCard ☐ Visa

Name as it appears on credit card: _____

Credit card # : _____

Expiry date on credit card: _____

CVC#- found on back of card (Required): _____

Mailing Address of Patient/Guardian (if different from requisition):

Name: _____

Address: _____

_____ Apt. #: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Country: _____

Additional Contact Information

Patient's phone # with area code:

_____

- or -

Guardian's phone # with area code:

_____