


Paediatric Laboratory Medicine
TOXICOLOGY Requisition
TOXICOLOGY & THERAPEUTIC DRUG MONITORING Service

Atrium, Room 3642

170 Elizabeth Street

Toronto ON M5G 1X8 Canada

Tel: (416) 813-5906

Fax: (416) 813-6211

Urgency: STAT Routine

Patient Surname

First Name

History / Client #:

Ontario Health Card #:

Birthdate (YYYY-MM-DD):

Gender: Male Female

Referring Physician:

Referring Institution:

Address:

Phone Results to:

Tel #:

Fax #:

CLINICAL INFORMATION
Toxidrome

Suspected Drugs, Mode and Time of Intake:

Please indicate how the patient presented:

 SEDATIVE HYPNOTIC STIMULANT COMA - APNEA - SEIZURE HALLUCINOGENIC ANTICHOLINERGIC UNKNOWN

Medications Given or Prescribed:

Brief Medical History:

SPECIMEN AND REQUEST INFORMATION
 BLOOD (10 mL clotted required)

Collected at:

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

Your Specimen #

 URINE (10 mL required)

Collected at:

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

Your Specimen #

 OTHER _____ (specify)

Collected at:

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

Your Specimen #

BLOOD TESTS REQUESTED:
 Volatile Screen

(Ethanol, Methanol, Isopropanol, Acetone)

 Glycol Screen

(Ethylene Glycol, Propylene Glycol)

 Barbiturates and Other Sedatives
Analgesics
 Acetaminophen Ibuprofen Salicylate
Psychotropic Drugs
 Benzodiazepine Screen Tricyclic Antidepressant Screen
Date Rape Drugs
 Gamma Hydroxy Butyrate (GHB) **Other Tests**

SickKids Lab #

Received Date and Time:

URINE TESTS REQUESTED:
 Broad Spectrum Drug Screen

(Excludes Barbiturates, Benzodiazepines & Cannabinoids)

 Benzodiazepine Screen **Barbiturate Screen** **Cannabinoid Screen** **Ethanol Screen**
Date Rape Drugs
 Gamma Hydroxy Butyrate (GHB) Sensitive Benzodiazepine Screen **Other Tests**

SickKids Lab #

OTHER TESTS REQUESTED (specify):

SickKids Lab #

LABORATORY USE ONLY