

Toxicology Screening Laboratory Request Form

Patient Information

Name

Patient ID

Date of Birth

Sex

Ward/Location

Requesting Physician

Specimen Details

Specimen Type

Date Collected

Time Collected

Requested Tests

☐

Amphetamine

☐

Barbiturates

☐

Benzodiazepines

☐

Cannabinoids (THC)

☐

Cocaine

☐

Methadone

☐

Opiates

☐

Phencyclidine (PCP)

☐

Other

Clinical Information

Date Requested

Physician's Signature