


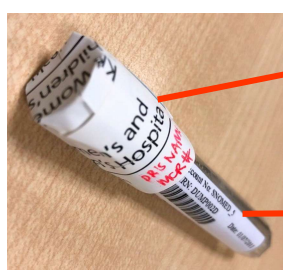
LABELLING REQUIREMENTS FOR TOXICOLOGY TESTS

TO: CLINICAL & FORENSIC TOXICOLOGY UNIT, ANALYTICAL TOXICOLOGY LABORATORY, HEALTH SCIENCES AUTHORITY 11 Outram Road, HSA Building, Singapore 169078 (Tel: 6213-0740)			
FROM: KK Women's and Children's Hospital			
REQUEST FOR TOXICOLOGICAL INVESTIGATION		PATIENT'S LABEL NAME: _____ NRIC / PP NO: _____	
UNIT _____	WARD Ward	Account No: SNOMED_5 MEN: DUMP002D Date: 01/07/2011 Name: DUMMY_KKH DOB: 25/03/2010 Age: 7y 1m Sex: M Race: Chinese KKH W01	
CLINICAL HISTORY / SYMPTOMS To fill up accordingly		FOR TOXICOLOGY LAB USE: ATL Lab No. _____ KKH Logo Seal  KK Women's and Children's Hospital SingHealth Dr's signature and MCR no.	
DRUGS / POISONS SUSPECTED^{1,2} _____ To indicate clearly			
SPECIMEN SUBMITTED <input type="checkbox"/> BLOOD (Heparinised, at least 4 ml, time taken: _____) <input type="checkbox"/> URINE (at least 10 ml) <input type="checkbox"/> STOMACH ASPIRATE (at least 10 ml) <input type="checkbox"/> OTHERS _____			
NATURE OF CASE (Please choose <u>one</u> ONLY)			
<input type="checkbox"/> CLINICAL INVESTIGATION <u>Test(s) requested³</u> <input type="checkbox"/> ALCOHOLS Tick where applicable <input type="checkbox"/> ALCOHOLS & VOLATILES (<u>blood</u> only) ⁴ <input type="checkbox"/> COMPREHENSIVE DRUGS SCREEN ⁵ <input type="checkbox"/> DRUGS OF ABUSE (<u>urine</u> only, please select) <input type="checkbox"/> Amphetamines <input type="checkbox"/> Cannabinoids <input type="checkbox"/> Opiates <input type="checkbox"/> OTHERS _____ or as stated in drugs / poisons suspected above ²		<input type="checkbox"/> MEDICO-LEGAL CASE⁶ (Please fill in the Police information below.) Tick where applicable <input type="checkbox"/> INHALANT ABUSE / GLUE SNIFFING: BLOOD TOLUENE <input type="checkbox"/> ROAD TRAFFIC ACCIDENT / TRAFFIC POLICE: RTA PANEL ⁷ (<u>blood</u> only) <input type="checkbox"/> OTHERS (Please specify _____) <u>Test(s) requested³</u> <input type="checkbox"/> ALCOHOLS <input type="checkbox"/> COMPREHENSIVE DRUGS SCREEN ⁵ <input type="checkbox"/> OTHERS _____ or as stated in drugs / poisons suspected above ² POLICE DIV: _____ POLICE REPORT NO: _____ NAME OF OFFICER: _____	
Name of requesting doctor: <u>Dr's Name and MCR no.</u> Date: <u>Current Date</u> Signature: <u>Dr's Signature</u>			

Alcohol must NOT be used either in swabbing the area to be punctured or for sterilising the hypodermic needle

Please note that the Laboratory will select test methods as appropriate.

LABELLING REQUIREMENTS FOR TOXICOLOGY SPECIMENS



KKH Logo seal
 1) Sealed specimen
 2) Sign with Dr's Signature and MCR no.

PASTE with KKH CPOE TEST LABEL / CPOE PATIENT INFO LABEL

