

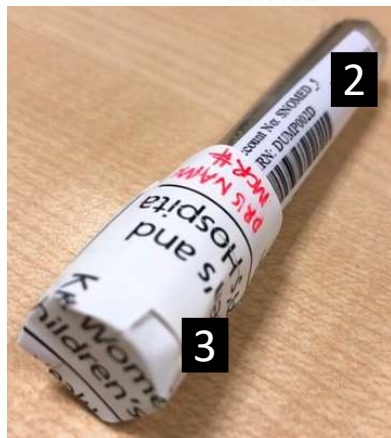


LABELLING REQUIREMENTS FOR TOXICOLOGY TESTS

TO: CLINICAL & FORENSIC TOXICOLOGY UNIT, ANALYTICAL TOXICOLOGY LABORATORY, HEALTH SCIENCES AUTHORITY 11 Outram Road, HSA Building, Singapore 169078 (Tel: 6213-0740)		Account No: SNOMED_5 MRN: DUMP002D Date: 01/07/2011	
FROM:		 Name: DUMMY_KKH 1 DOB: 25/03/2010 Age: 7y 1m Sex: M Race: Chinese KKH-W61	
REQUEST FOR TOXICOLOGICAL INVESTIGATION		PATIENT'S LABEL	
UNIT	WARD	NRIC / PP NO: _____	
NATURE OF CASE (Please tick) <input type="checkbox"/> CLINICAL INVESTIGATION To tick where applicable <input type="checkbox"/> SUSPECTED POISONING <input type="checkbox"/> OTHERS (Please specify _____) <input type="checkbox"/> MEDICO-LEGAL CASE (Please fill in the Police information below. A copy of the report will be forwarded to the relevant authority.) <input type="checkbox"/> DISORDERLY BEHAVIOUR <input type="checkbox"/> INHALANT ABUSE / GLUE SNIFFING (will be copied to CNB) <input type="checkbox"/> DRIVING UNDER THE INFLUENCE OF ALCOHOL / DRUGS (will be copied to Traffic Police) POLICE DIV: _____ POLICE REPORT NO: _____ NAME OF OFFICER: _____		FOR TOXICOLOGY LAB USE: ATL Lab No: _____ Received by: _____ Date: _____	
CLINICAL HISTORY / SYMPTOMS (for lab's information only) To fill up accordingly		KKH Logo seal 3  KK Women's and Children's Hospital SingHealth Dr's name, signature, MCR no.	
DRUGS / POISONS SUSPECTED* 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 _____		To tick where applicable	
TEST REQUESTED* (Please select. Please note that the Laboratory will select test methods as appropriate) <input type="checkbox"/> ALCOHOLS To tick where applicable <input type="checkbox"/> ANTIDIABETICS / SULFONYLUREAS <input type="checkbox"/> TOLUENE (test will also include alcohols & other volatiles) <input type="checkbox"/> OTHERS* _____ or as stated in drugs / poisons suspected above* <input type="checkbox"/> COMPREHENSIVE DRUGS SCREEN * <input type="checkbox"/> DRUGS OF ABUSE FOR URINE ONLY (Please select) <input type="checkbox"/> ALCOHOL & DRUGS (for all Traffic Police cases, as agreed by Traffic Police) <input type="checkbox"/> Amphetamines <input type="checkbox"/> Cannabinoids <input type="checkbox"/> Opiates			
Name of requesting doctor: <u>DR'S NAME AND MCR NUMBER</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

1. Unless otherwise stated, the same test panels will be performed for both blood and urine specimens.
2. Comprehensive drugs screen includes the screening of acidic and neutral drugs, basic drugs, benzodiazepines, opioids, common psychoactive drugs and beta-blockers. Please refer to the overleaf panels 3 to 7 for the list of drugs.
3. For testing of drugs not in our comprehensive drugs screen, please tick "others" and specify accordingly. This may include metformin, organophosphates and novel psychoactive substances (e.g. synthetic cannabinoids, magic mushroom)
4. If indicated on the drug/poison(s) suspected, we will also proceed to test for it where possible, and fees will be charged accordingly.



Form should bear:

- 1** Patient info label **and**
- 3** KKH logo (signed and MCR number indicated by the requesting Dr).

Specimen (Urine or blood) should bear:

- 2** Toxicology CPOE label **and**
- 3** KKH logo (signed and MCR number indicated by the requesting Dr).