

Section 1 - Patient/Provider Information (Two matching unique patient identifiers on sample container and requisition are required for sample processing)

PERSONAL HEALTH NUMBER (or out-of province Health Number and province)		ORDERING PRACTITIONER Name and MSC#		LABORATORY USE ONLY
PATIENT SURNAME		Address of report delivery		
PATIENT FIRST AND MIDDLE NAME		<input type="checkbox"/> I do not require a copy of the report <input type="checkbox"/> I am a Locum [†] [†] If Locum, include name of Practitioner you are covering for		
DOB (DD/MMM/YYYY)	SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> U (Unk)	ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (Name, Address / MSC# / PHSA Client#) (Limit of 3 copies available)		
PATIENT ADDRESS		1.		
		2.		
CITY		3.		
PROVINCE	POSTAL CODE			DATE RECEIVED
				OUTBREAK ID
				SAMPLE REF. NO.
				DATE COLLECTED (DD/MMM/YYYY)
				TIME COLLECTED (HH:MM)

Section 2 - Test(s) Requested

URINE DRUG SCREEN UDS-137 PANELS <input type="checkbox"/> ALL UDS-137 DRUGS <input type="checkbox"/> AMPHETAMINES <input type="checkbox"/> ANTI-DEPRESSANTS <input type="checkbox"/> ANTI-PSYCHOTICS <input type="checkbox"/> BENZODIAZEPINES <input type="checkbox"/> CANNABINOIDS (THC-COOH) <input type="checkbox"/> COCAINE <input type="checkbox"/> OPIATES/OPIOIDS <input type="checkbox"/> Z-DRUGS <input type="checkbox"/> OTHER DRUGS OF UDS-137 <input type="checkbox"/> SPECIFIC DRUGS OF UDS-137 (LIST):	THERAPEUTIC DRUG MONITORING DRUG: DATE/TIME OF LAST DOSE:
	PATIENT MEDICATION LIST
	OTHER TESTS REQUIRED
For other available tests and sample collection information, consult the Provincial Toxicology Centre's section of the <i>eLab Handbook</i> at www.elabhandbook.info/PHSA/Default.aspx	REASON FOR DRUG SCREENING (COMPLETION MANDATORY FOR DRUG SCREEN ANALYSIS) <input type="checkbox"/> COMPLIANCE <input type="checkbox"/> POISONING <input type="checkbox"/> ABSTINANCE <input type="checkbox"/> OVERDOSE <input type="checkbox"/> OTHER _____