

Provincial Toxicology Centre 655 West 12th Avenue, Vancouver, BC V5Z 4R4

Telephone: (604) 707-2714 Fax: (604) 707-2717

Requisition

Highlighted fields must be completed

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)	PATIENT ADDRESS			DATE RECEIVED		
PATIENT SURNAME						
PATIENT FIRST AND MIDDLE NAME		PF	ROVINCE		LABORATORY USE ONLY	
DOB DD MMM YYYYY SEX X Unk	POSTAL CODE	cc	ONTACT NO. (XXX) XXX-XXXX			
SAMPLE REF. NO. DATE COLLECTED (DD/MMM/YYYY) Unk		TIME COI	LECTED Unk			
ORDERING PRACTITIONER (Name, MSP#, Address of report delivery) ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (Limit of 3 copies available) (Name, Address / MSP#/ PHSA Client#) 1.						
2.			2.			
3. I am a Locum (provide name of Practitioner and Clinic to receive report)						
SIGNATURE OF ORDERING PRACTITIONER					DATE SIGNED	
Section 2 - Test(s) Requested						
☐ URINE DRUG SCREEN UDS-137 THERAPEUTIC DRUG MONITORING						

URINE DRUG SCREEN UDS-137	THERAPEUTIC DRUG MONITORING
DRUGS SUSPECTED:	DRUG:
	DATE/TIME OF LAST DOSE:
	PATIENT MEDICATION LIST
	OTHER TESTS REQUIRED
For other available tests and sample collection information,	The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is
consult the Provincial Toxicology Centre's section of the <i>eLab Handbook</i> at www.elabhandbook.info/PHSA/Default.aspx	protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.