

FROM:

REQUEST FOR TOXICOLOGICAL INVESTIGATION		PATIENT'S LABEL NAME: _____
UNIT	WARD	NRIC / PP NO : _____

<u>CLINICAL HISTORY / SYMPTOMS</u> 	FOR TOXICOLOGY LAB USE: <div style="border: 1px solid black; width: 150px; height: 40px; margin: 10px auto; text-align: center;">ATL Lab No.</div>
	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 80px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">Seal the specimen and paste your specimen seal with initial here</div>

DRUGS / POISONS SUSPECTED^{1,2} _____

SPECIMEN SUBMITTED

BLOOD (Heparinised, at least 4 ml , time taken : _____) URINE (at least 10 ml)

STOMACH ASPIRATE (at least 10 ml) OTHERS _____

NATURE OF CASE (Please choose one ONLY)

<input type="checkbox"/> CLINICAL INVESTIGATION <u>Test(s) requested</u>³ <input type="checkbox"/> ALCOHOLS <input type="checkbox"/> ALCOHOLS & VOLATILES (blood only) ⁴ <input type="checkbox"/> COMPREHENSIVE DRUGS SCREEN ⁵ <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.) <input type="checkbox"/> INHALANT ABUSE / GLUE SNIFFING: BLOOD TOLUENE <input type="checkbox"/> ROAD TRAFFIC ACCIDENT / TRAFFIC POLICE: RTA PANEL ⁷ (blood only) <input type="checkbox"/> OTHERS (Please specify _____) <u>Test(s) requested</u>³ <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: _____
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Name of requesting doctor: _____ Date: _____ Signature: _____

*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.*

General Instructions

1. *For testing of drugs not in our comprehensive drugs screen, please tick “others” and specify accordingly. This may include organophosphates, cyanide, ethylene glycol, GHB, propofol, valproate, novel psychoactive substances (e.g. synthetic cannabinoids, magic mushroom) etc.*
2. *If indicated on the drugs/poison(s) suspected, we will also proceed with testing where possible, and fees will be charged accordingly.*
3. *Unless otherwise stated, the same test panels will be performed on both blood and urine specimens.*
4. *If alcohol analysis is also required for urine, please check the “Alcohols” test.*
5. *Comprehensive drugs screen includes the screening of drugs from panels 4 to 9 for blood, and panels 4 & 6 to 9 for urine.*
6. *A copy of the report will be forwarded to the relevant authority.*
7. *The RTA panel includes the default analysis of alcohols and drugs from panels 1, 6 and 7. Additional tests may be performed if deemed necessary by the laboratory.*

For more details on the test panels, please scan the QR code below.

<https://www.hsa.gov.sg/about-us/applied-sciences/analytical-toxicology/test-panels-drugs-lists/>

