

**Send to:** Biochemistry Toxicology Laboratory  
 30 Bond Street Room 2-005 CC  
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**PATIENT ID LABEL**

Name: \_\_\_\_\_ DOB (yyyy/mm/dd): \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 MRN: \_\_\_\_\_  
 Health Card #: \_\_\_\_\_  
 Ordering Clinician's Name: \_\_\_\_\_  
 Ordering Clinician's Signature: \_\_\_\_\_  
 Ordering Location: \_\_\_\_\_

**Name/Signature of Specimen Collector:** \_\_\_\_\_

**Date and time of collection:**

**Date (yyyy/mm/dd):** \_\_\_\_\_ **Time:** \_\_\_\_\_

**ROUTINE**

**STAT**

**Suspected Drugs, Mode/Time of Intake:** \_\_\_\_\_  
**Medication Given or Prescribed:** \_\_\_\_\_  
**Brief Medical History/Toxidrome:** \_\_\_\_\_

Serum Toxicology		Urine Toxicology		Therapeutic Drug Monitoring	
<input type="checkbox"/>	* Emergency Department Toxicology Screen	<input type="checkbox"/>	<b>Toxicology Screen (All tests below)</b>	<input type="checkbox"/>	Amikacin: Peak <input type="checkbox"/> Trough <input type="checkbox"/> Random <input type="checkbox"/>
<input type="checkbox"/>	<b>Toxicology Screen (All tests below)</b>	<input type="checkbox"/>	<b>Screening Tests</b>	<input type="checkbox"/>	Carbamazepine
<b>Toxic Alcohols</b>		<input type="checkbox"/>	Amphetamines	<input type="checkbox"/>	Clozapine
<input type="checkbox"/>	Ethanol	<input type="checkbox"/>	Barbiturates	<input type="checkbox"/>	Cyclosporine: Peak <input type="checkbox"/> Trough <input type="checkbox"/> Random <input type="checkbox"/>
<input type="checkbox"/>	Methanol	<input type="checkbox"/>	Benzodiazepines	<input type="checkbox"/>	Digoxin
<input type="checkbox"/>	Isopropanol	<input type="checkbox"/>	Cannabinoids	<input type="checkbox"/>	Gentamicin: Peak <input type="checkbox"/> Trough <input type="checkbox"/> Random <input type="checkbox"/>
<input type="checkbox"/>	Acetone	<input type="checkbox"/>	Cocaine Metabolite	<input type="checkbox"/>	Lithium
<b>Glycols</b>		<input type="checkbox"/>	Fentanyl	<input type="checkbox"/>	Methotrexate
<input type="checkbox"/>	Ethylene glycol	<input type="checkbox"/>	Opiates	<input type="checkbox"/>	Phenobarbital
<input type="checkbox"/>	Propylene glycol	<input type="checkbox"/>	Oxycodone	<input type="checkbox"/>	Phenytoin
<input type="checkbox"/>	Diethylene glycol			<input type="checkbox"/>	Primidone
<b>Analgesics</b>		<b>Confirmatory Tests (LC-MS)</b>		<input type="checkbox"/>	Sirolimus
<input type="checkbox"/>	Acetaminophen	<input type="checkbox"/>	Broad-Spectrum Toxicology Screen	<input type="checkbox"/>	Tacrolimus
<input type="checkbox"/>	Salicylate	<input type="checkbox"/>	Nicotine and Metabolite	<input type="checkbox"/>	Theophylline
<b>Psychotropic Drug Screens</b>		<b>Alcohol Screens (Urine)</b>		<input type="checkbox"/>	Tobramycin : Peak <input type="checkbox"/> Trough <input type="checkbox"/> Random <input type="checkbox"/>
<input type="checkbox"/>	Barbiturates	<input type="checkbox"/>	Ethanol	<input type="checkbox"/>	Valproic Acid
<input type="checkbox"/>	Benzodiazepines	<input type="checkbox"/>	Methanol	<input type="checkbox"/>	Vancomycin: Peak <input type="checkbox"/> Trough <input type="checkbox"/> Random <input type="checkbox"/>
<input type="checkbox"/>	Tricyclic Antidepressants	<input type="checkbox"/>	Isopropanol		
		<input type="checkbox"/>	Acetone	<input type="checkbox"/>	** TCA, Quantitative Please indicate drug prescribed:
<input type="checkbox"/>	<b>Broad-Spectrum Toxicology Screen (Urine)</b> <i>Window of detection up to 3 days, depending on the drug</i>			<input type="checkbox"/>	*** Benzodiazepines, Quantitative Please indicate drug prescribed:
<input type="checkbox"/>	<b>Barbiturates Screen</b> <input type="checkbox"/> Urine <input type="checkbox"/> Serum - (select only if patient is not able to provide urine sample) <i>Window of detection: urine ~ 0 – 3 days; serum ~ 0 – 24 hours depending on the drug</i>			<b>Other Tests – please write below</b>	
<input type="checkbox"/>	<b>Alcohol Panel</b> (includes ethanol, methanol, isopropanol, acetone) <input type="checkbox"/> Urine - (select if patient presents within <u>12 – 24h</u> post-assault) <input type="checkbox"/> Serum - (select if patient presents within <u>12h</u> post-assault) <i>Window of detection for both serum and urine &lt; 24 hours for acute ingestion</i>				

REV 10/2024-v1

\* **Emergency Department Toxicology Screen includes:** Acetaminophen, Ethanol, and Salicylate

\*\* **Tricyclic Antidepressants (TCA):** Amitriptyline, Clomipramine, Desipramine, Doxepin, Imipramine, Nortriptyline, Maprotiline, Trimipramine.

\*\*\* **Benzodiazepines:** Chlordiazepoxide, Oxazepam, Diazepam

**Referred-in Toxic Alcohols (serum):** Collect in a serum gel (gold-top) tube, centrifuge tubes within 2 hours of collection **but do not aliquot.**