

Specimen ID#: _____

CLIENT INFORMATION

CLIENT SUBMITTING SAMPLE	ACCOUNT #
<i>Results available through E-Tox Online Reporting</i>	

DONOR INFORMATION

DONOR LEGAL NAME (LAST, FIRST, MI)		
SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	SSN/ID
ADDRESS		

TYPE OF SPECIMEN

<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Hair <input type="checkbox"/> Nail <input type="checkbox"/> Tissue <input type="checkbox"/> Serum <input type="checkbox"/> Other: _____
COMMENTS

TESTS REQUESTED

Alcohol <input type="checkbox"/> ETG - > 8 hrs <input type="checkbox"/> Alcohol - < 8 hrs Volatile Organics <input type="checkbox"/> Benzene (LAV) <input type="checkbox"/> Styrene (LAV) <input type="checkbox"/> _____ Unknown <input type="checkbox"/> Substance Identification <input type="checkbox"/> Chemical, Toxins, Poisons	Metals (RB) <input type="checkbox"/> 5 Panel Heavy Metal <input type="checkbox"/> Arsenic <input type="checkbox"/> Cadmium <input type="checkbox"/> Chromium <input type="checkbox"/> Lead <input type="checkbox"/> Mercury <input type="checkbox"/> Lead/ZPP <input type="checkbox"/> Complete Heavy Metal <input type="checkbox"/> Chromium VI <input type="checkbox"/> Other: _____	Drug Screen <input type="checkbox"/> 5 Panel <input type="checkbox"/> 6 Panel <input type="checkbox"/> 7 Panel <input type="checkbox"/> 10 Panel <input type="checkbox"/> 11 Panel <input type="checkbox"/> 12 Panel <input type="checkbox"/> 14 Panel <input type="checkbox"/> Other: _____	Drug Confirmation <input type="checkbox"/> Amphetamines AMP/mAMP <input type="checkbox"/> Barbiturates BAR <input type="checkbox"/> Benzodiazepines BZN <input type="checkbox"/> Cocaine COC <input type="checkbox"/> Delta 9 Carboxy THC (Marijuana) <input type="checkbox"/> PCP <input type="checkbox"/> Methadone MDN <input type="checkbox"/> Opiates OPI <input type="checkbox"/> Nicotine/Cotinine <input type="checkbox"/> Synthetics <input type="checkbox"/> THC <input type="checkbox"/> Bath Salts <input type="checkbox"/> Other: _____
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TUBE LEGEND: RB = Royal Blue G = Grey LAV = Lavender R = Plain Red SS = Serum Separator

5 PANEL DRUG SCREEN:

- Marijuana
- Cocaine
- Amphetamine
- Opiates
- Methamphetamine

10 PANEL DRUG SCREEN:

- Marijuana
- Methamphetamine
- Opiates
- Barbiturates
- 6 Acetylmorphine
- Amphetamine
- Cocaine
- Phencyclidine
- Benzodiazepines
- Methadone

DATE:	SAMPLE RELEASED BY:	SAMPLE RECEIVED BY:	PURPOSE OF CHANGE	SAMPLE INTACT
	Signature: Name:	Signature: Name:	Provided sample for testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
REMARKS IF SAMPLE NOT INTACT:				