PD

SLU*Care* Physician Group

SLU*Care* PATHOLOGY LABORATORIES

FORENSIC TOXICOLOGY

SARAH RILEY, PHD, DABCC • 6059 NORTH HANLEY ROAD • GEORGE E. GANTNER BUILDING • BERKELEY, MO 63134 P: 314-615-0822 • F: 314-521-1478

CLIENT NAME/BILLING CONTACT:	CLIENT PHONE:		
ADDRESS:	CITY:	STATE:	ZIP:
REQUESTED BY:	FAX:		
CLIENT EMAIL:	CASE NUMBER:		
LAST NAME:	FIRST NAME:	INITIAL:	
AGE:	DATE OF BIRTH:		

SPECIMENSN

SPECIMENS SUBMITTED FOR ANALYSIS: (PLEASE CHECK)

☐ BLOOD ☐ URINE ☐ OTHER: _____

DRUG FACILITATED CRIME? (IF YES, MUST SEND URINE)

☐ YES ☐ NO

DATE OF COLLECTION:	TIME OF COLLECTION:

TEST REQUESTED: (PLEASE CHECK)

☐ ALCOHOL

☐ COMPREHENSIVE DRUG SCREEN INCLUDING REFLEX TO QUANTITATIVE CONFIRMATION

☐ DRUG CONFIRMATION IN BLOOD AND QUANTITATION (SPECIFY DRUG):

○ THC ○ OTHER: _____

NOTES/COMMENTS:

RECEIVED IN LAB BY:

NAME DATE TIME

☐ SEALED & UNDAMAGED