

## **Postmortem Toxicology Request Form**

Phone: 303-440-4500 Fax: 303-440-0668 www.chematox.com

## Please write clearly

See www.chematox.com for submission instructions and additional information.

| Subject Info  | Decedent's Name: Sex: M F  Collection Date: Sex: M F  Collection Date: Hospital samples submitted? Y N If yes, please be sure to fill out collection date and times below  |                    |            | -<br>ne | Agency Info | Requesting Agency:  Case No.:  Date Sent:  Investigator:  Contact Phone:  Contact Email: |  |             |                 |
|---|--|--------------------|------------|---------|-------------|--|--|-------------|-----------------|
| Case History  | No anatomical cause of   |                    |            |         |             |  |  |             |                 |
| Specimens: Document in the chart how many tubes of which specimen(s) have been collected for testing. |  |                    |            |         |             |  |  |             |                 |
| Туре  |  | Anatomical<br>Site | #Tubes Tub |         | е Тур       | Collection Date & Time   |  | Comments    |                 |
| Blood   |  |                    |            |         |             |  |  |             |                 |
| Blood   |  |                    |            |         |             |  |  |             |                 |
| Urine   |  | _                  |            |         |             |  |  |             |                 |
| Vitreous  |  |                    |            |         |             |  |  |             |                 |
| Other:  |  |                    |            |         |             |  |  |             |                 |
| Oth   | er:  |                    |            |         |             |  |  |             |                 |
| Testing Requested   | □ 70010 Drugs of Abuse Panel – Limited       □ 70001 Volatiles Panel (includes ethyl alcohol)       Accessioning notes:         □ 70011 Drugs of Abuse Panel – Standard       □ 70005 Carbon Monoxide         □ 70012 Drugs of Abuse Panel – Expanded       □ 70210 Salicylate/Acetaminophen Screen         □ 70040 Comprehensive Screening       □ 70110 Prescription Medication Screen         □ Other:       □ See www.chematox.com for the most up-to-date list of testing codes |                    |            |         |             |  |  |             |                 |
| fo  | Check the following if they apply.   |                    |            |         |             |  |  |             |                 |
| ıg In   | Do not confirm THC for positive cannabinoid screen results.  |                    |            |         |             |  |  |             |                 |
| ifyir   | Donor samples are included in this collection kit.   |                    |            |         |             |  |  |             |                 |
| Modifying Info  | Decedent died less then 4 hrs after involvement in an accident involving a vehicle.  |                    |            |         |             |  |  | ChemaTox in | ternal use only |