

MOTHER RISK LABORATORY
NEONATAL HAIR & MECONIUM TOXICOLOGY REQUISITION
Division of Clinical Pharmacology & Toxicology, Hospital for Sick Children
555 University Avenue, Toronto, Ontario M5G 1X8 Phone (416) 813-8298

Patient Name: _____
 Patient I.D.: _____
 Date of Birth: _____
 Health Card No: _____
 Hospital Name: _____
 Phone: _____
 Ordering Physician: _____

MATRIX:
 Meconium
 Sampling Date: _____ Time: _____
 Specimen #: _____
 Neonatal Hair
 Sampling Date: _____ Time: _____
 Specimen #: _____

SOCIAL SERVICES REQUESTED: No Yes Caseworker: _____

Telephone: _____
 Fax: _____

Send Results & Invoice To: _____
 Address: _____

TESTS REQUIRED**

<input type="checkbox"/> Cocaine + metabolite	<input type="checkbox"/> Opiates (heroin, morphine, codeine)	<input type="checkbox"/> Cannabis	<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Methamphetamine
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Oxycodone	<input type="checkbox"/> Methadone	<input type="checkbox"/> Meperidine	<input type="checkbox"/> Benzodiazepines
<input type="checkbox"/> Nicotine + metabolite	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> PCP	<input type="checkbox"/> Other: _____	

****BILLED \$50 per analyte, except: Cocaine + metabolite \$75; Alcohol \$150; Nicotine + metabolite \$90** Please specify

NEONATAL DATA

Gestational age at birth: _____ Male Female
 Birthweight: _____ Head Circumference: _____ Height: _____

MATERNAL DATA:

Name: _____
 Date of Birth (year/month/day): _____

MATERNAL EXPOSURE:

Reason for Suspicion: Slurred Speech Needle Marks Report by Social Services
 Other: _____
 Prior Toxicology: Blood Positive for: _____
 Urine Positive for: _____
 Self-reported use: Cocaine Alcohol Methamphetamine
 Cannabis Tobacco Opiates
 Oxycodone MDMA (i.e. "ecstasy") Other: _____

DELIVERY & NEONATAL RISKS/COMPLICATIONS

<input type="checkbox"/> Premature rupture of membranes	<input type="checkbox"/> Apgar < 7	<input type="checkbox"/> Sexually Transmitted Disease
<input type="checkbox"/> Placental Abruption	<input type="checkbox"/> Apgar < 4	<input type="checkbox"/> Neonatal Seizures
<input type="checkbox"/> Emergency C/S	<input type="checkbox"/> Fetal Distress	<input type="checkbox"/> Neonatal Sepsis
<input type="checkbox"/> Forceps/Vacuum Assistance	<input type="checkbox"/> Intracranial Hemorrhage	