

Urine Drug Screen Requisition Form

Acceptance Policy 10-50-03: Requirements for Test Requisitions 2.1 - Fields marked with * are mandatory and must be clearly legible or can result in specimen rejection.

ORDERING PROVIDER INFORMATION		PATIENT INFORMATION	
*Last & Full First Name:	Billing Code:	*Last/First Name: (per MB. Health Card)	
*Ordering Facility:		* Date of Birth (dd/mm/yyyy)	
Address:		*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Critical Results Phone Number:	Fax No:	*PHIN:	
Physician Signature:	Phone No.:	*Specify Province or DND if different	
COPY REPORT TO: (if info missing, report may not be sent)			
Last & Full Name:	Fax No:	MRN:	
Facility Name/ Address:	Phone No.:	Encounter Number:	
Last & Full Name:	Fax No:	Patient Phone No:	
Facility Name/ Address:	Phone No.:	Patient Address:	
Demographics verified with: <input type="checkbox"/> Prov. Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR			

Fields marked with "♦" required by person collecting sample ♦Collection Date: _____ ♦Time: _____

Referring Lab: # of tubes sent _____

Reason for Drug Screen: In addition to medical reason, provide a list of the drug classes or specific drugs being investigated:

List ALL current medications and recreational drug use:

Immunoassay Drug Screens

Selective Testing (Urine)	Lab Information
<input type="checkbox"/> Cannabis CAN	Register TDXS followed by codes checked If all checked order STRE
<input type="checkbox"/> Cocaine COCM	
<input type="checkbox"/> Opiates OPI	
<input type="checkbox"/> Amphetamines AMP	
<input type="checkbox"/> Benzodiazepines BEN	
<input type="checkbox"/> Oxycodone OXYC	
<input type="checkbox"/> Methadone MDO	

Comprehensive Drug Screen (Urine) DRUG

- Chromatographic of therapeutic and abused drugs.
- Excludes salicylate, NSAIDs, diuretics, antibiotics, steroids and pesticides.
 - See list of detected drugs in the Shared Health Lab Information Manual at www.dsmanitoba.ca
Click: **Info for Professionals**, then **LIM**. In the 'search' box, type: **drug**
Click: **DRUG SCREEN – (U)**, then **Drug Screen Listing**

Date Rape Drug Screen (Urine - must be collected within 8 hours of patient awakening) DRDS

- Includes: benzodiazepine (immunoassay), gammahydroxybutyrate and comprehensive screen

For Comprehensive and Date Rape Drug Screens copy of requisition form must accompany samples to: Biochemistry, St Boniface Hospital, 409 Tache Avenue, Winnipeg, MB R2H 2A6 Phone: (204) 237-2475