



TPM/WS/L4/025	Forensic Toxicology Analysis Request Form	Issue on	13-11-2019	Revision	2.0
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*Read the contents of this form carefully before submitting.*

**THIS FORM MUST BE FILLED PROPERLY BY MLO AND SHALL BE SUBMITTED ALONG WITH SPECIMEN(S), OTHERWISE SAMPLE(S) WILL NOT BE ACCEPTED.**

Victim/ Deceased Name	
S/O, D/O, W/O	
Date & Time of Incident	
Hospital Admission Detail(s)	Date: _____ Time: _____
Victim Expiration Detail(s)	Date: _____ Time: _____
MLC/PMR # & Date	
Medication History	
Any Unusual PMR/MLC Findings	

**SAMPLE MUST BE SUBMITTED IN PRESERVATIVE AS DESCRIBED BELOW. IF IT IS NOTED THE PRESERVATIVE IS NOT THE SAME AS BELOW, SAMPLE WILL NOT BE PROCESSED FOR ANALYSIS**

<b>MLC Specimens</b>	<input type="checkbox"/> Blood	10 mL preserved with sodium fluoride and potassium oxalate, mixed in the ratio 1:3. 20 mg of this mixture is sufficient for preservation of 10 ml of blood.
	<input type="checkbox"/> Urine	20-50 mL <b>without preservatives</b>
	<input type="checkbox"/> Gastric lavage	First undiluted portion (minimum 20 mL) of gastric lavage shall be sent, <b>without preservative.</b>

<b>PMR Specimens</b>	<input type="checkbox"/> Blood	50-100 mL preserved with sodium fluoride and potassium oxalate, mixed in the ratio 1:3. 20 mg of this mixture is sufficient for preservation of 10 ml of blood.
	<input type="checkbox"/> Urine	Shall be submitted all available <b>without preservatives</b>
	<input type="checkbox"/> Stomach contents	Shall be submitted all available <b>without preservatives</b>
	<input type="checkbox"/> Liver	Not more than 100 grams preserved in saturated saline
	<input type="checkbox"/> Spleen	Not more than 100 grams preserved in saturated saline if Carbon monoxide poisoning is suspected
	<input type="checkbox"/> Abdominal paste	Only in exhumation if above mentioned samples are not available (maximum) 100 grams shall be submitted), <b>without preservative.</b>
	<input type="checkbox"/> Hair	Accepted only in chronic drug exposure (Hair cluster (pulled or collected as near to scalp as possible) having thickness of a pencil shall be submitted)

Case Type	Test Requested On The Basis of PMR/MLC Findings and case type
Alcohol Ingestion	<input type="checkbox"/> Ethanol <input type="checkbox"/> Other Volatiles
Strangulation/Blunt Means / Firearms/ Drowning/ Diseased/ Electric shock	<input type="checkbox"/> Sedatives <input type="checkbox"/> Drugs Screening
Burning/Suffocation	<input type="checkbox"/> Sedatives <input type="checkbox"/> Carbon Monoxide
Road accident/Drug Facilitated Crimes	<input type="checkbox"/> Alcohol <input type="checkbox"/> Sedatives
Poisoning (Known/Unknown)	<input type="checkbox"/> Black Stone <input type="checkbox"/> Phosphides <input type="checkbox"/> Drugs Screening <input type="checkbox"/> Pesticides <input type="checkbox"/> Any Other Test _____

**Any other History (If Applicable):**

*Attach a separate page if needed*

Requesting Agency	<b>Hospital Name &amp; Address</b>		
MLO Detail	Name	Signature	Stamp      Date
Contact Detail(s)	Phone Number	Email	