

TPM/WS/L4/025	Forensic Toxicology Analysis Request Form	Issue on	27-01-2022	Revision	3.0
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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	Attach prescription (if needed)
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

MLC Specimens	<input type="checkbox"/> Blood	10 mL preserved with sodium fluoride and potassium oxalate, mixed in the ratio 1:3. 200 mg of this mixture is sufficient for preservation of 10 ml of blood.
	<input type="checkbox"/> Urine	20-50 mL without preservatives
	<input type="checkbox"/> Gastric lavage	First undiluted portion (minimum 20 mL) of gastric lavage shall be sent, without preservative.

PMR Specimens	<input type="checkbox"/> Blood	50-100 mL preserved with sodium fluoride and potassium oxalate, mixed in the ratio 1:3. 200 mg of this mixture is sufficient for preservation of 10 ml of blood.
	<input type="checkbox"/> Urine	Shall be submitted all available without preservatives
	<input type="checkbox"/> Stomach contents	Shall be submitted all available without preservatives
	<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), without preservative.
	<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)
	<input type="checkbox"/> Vitreous humor	Submit all available vitreous humor (preserved with 10 mg Sodium fluoride) from each eye for Postmortem alcohol analysis

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 or Sharp 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"/> Cyanide <input type="checkbox"/> Any Other Test (specify) _____

Any other History (If Applicable):

Attach a separate page if needed

Requesting Agency	Hospital Name & Address			
MLO Detail	Name	Signature	Stamp	Date
Contact Detail(s)	Phone Number	Email		