

POST-MORTEM TEST REQUEST FORM (2021)

Provincial Clinical Laboratory

Pathology Autopsy
Label

Chemistry/CIS
Accession Label

**CHEMISTRY STAFF - ALL TUBES
MUST BE SPUN IMMEDIATELY UPON RECEIPT**

Date and approx. time of death: YYYY/MM/DD HH:MM

Date and time of autopsy: YYYY/MM/DD HH:MM

Is there a possible antemortem sample No Yes (If yes please find sample and inform pathologist)

Specimen

Antemortem _____ Accession # _____

Date and time received in chemistry: YYYY/MM/DD

Pathologist:

BLOOD Source: Cardiac Femoral Other: *Specify*

Plasma: Ethanol (Grey tube)

Serum: Salicylate (Red tube)

Serum: Acetaminophen (Red tube)

Whole Blood: Carboxyhemoglobin (Green tube)

URINE: Sterile Urine Container Red Top Tube

Urine Cannabinoid Screen

Urine Oxycodone Screen

Urine Cocaine Screen

Urine Methadone (EDDP) Screen

Urine Opiate Screen

Urine Ethanol Screen

Urine Benzodiazepine Screen

Urine Tricyclic Screen

Urine Amphetamine Screen

VITREOUS

Vitreous Glucose (Grey tube)

Vitreous Ethanol (Grey tube)

Vitreous Electrolytes (Red tube)

Other: *Specify*

Histology Staff Only

NMS LABS - Two Grey Top Tubes *Please Note you still need to complete their requisition*

Basic Panel (\$190.00)

Expanded Panel (\$290.00)

Expert Panel (\$505.00)

Successive panels include more analytes but also increasing cost

OTHER TESTS or COMMENTS