



**Prince of Wales Hospital
Department of Chemical Pathology**

Urine Drug Screen Supplementary Information Sheet

Please fax the completed form to 2648 4262 (To: Toxicology Unit, PWH Chemical Pathology)

Please note that:

- Laboratory staff will confirm if the specimen is still available for proceeding the Urine Drug Screen analysis before reactivating the test.
- Request will be REJECTED for incomplete form or illegible handwriting.
- For special arrangement, please contact Dr. Teresa Tsui (5569 9698) / Mr. Emmett Law (5569 9136) or Duty Biochemist via PWH Operator.

Please use BLOCK LETTERS (Please fill in ink. Any correction made should be crossed and signed.)

Doctor's Name:															
Doctor's 331 Code:						Use of stamp for Doctor's name and 331 code is NOT allowed.									
Doctor's Signature:						Department / Hospital:									
						Contact Tel:									
Reactivation of Urine Drug Screen is requested for the following specimen:															
Laboratory No.:															
Patient's information:	Please affix PATIENT LABEL.										Date of Request for Reactivation of Urine Drug Screen: (DD / MM / YYYY)				
Clinical details and history of drug exposure (date and time):															
Target drug(s) for screening: <input type="checkbox"/> Yes, please specify: <input type="checkbox"/> No															
Reason of general unknown drug screening due to suspicion of: [Please ✓ the appropriate box.] <input type="checkbox"/> Maternal drug of abuse in at-risk infant <1 years of age <input type="checkbox"/> Non-accidental injury (NAI) <input type="checkbox"/> Drug overdose (DO) with uncertain drug history <input type="checkbox"/> Drug of abuse (DOA) with undisclosed exposure <input type="checkbox"/> Non-compliance to medication <input type="checkbox"/> Prescription error / Medication administration error / Drug adulteration <input type="checkbox"/> Unexplained clinical features / Uncertain or unobtainable drug history (e.g. coma, confusion) <input type="checkbox"/> Others (Please specify the indication in the clinical details)															
Barbiturates / Cannabinoids / Diuretics / NSAIDs are NOT covered by general unknown drug screening. Please provide a valid reason and specify the target group of drug if special analysis is required: [Optional]															

NOTE:

1. Urgent measurement of blood level of specific drug(s) is more appropriate for patients with suspected poisoning with paracetamol, salicylate, theophylline, valproate, phenobarbital, phenytoin, tricyclic antidepressants (TCA). Urine Drug Screen is generally unhelpful in the management of these patients.
2. Herbal medicine and food toxins are NOT covered by Urine Drug Screen.
3. For Miscellaneous Toxicology Investigation that requires referral to the Toxicology Reference Laboratory (TRL) laboratory, please visit <https://trl.home/> to download the "TRL Request Form" and see the "Test Menu" for detail.
4. Please consult PWH Poison Treatment Centre (PTC) at 35056209 for advice for Miscellaneous Toxicology Investigation and contact Duty Biochemist via PWH operator for arrangement.
5. Judicious use of the labour-intensive Urine Drug Screen test is recommended to avoid prolonged test turnaround time that affect the patient management.
6. Duplicated request within 3 days will not be processed. In case of unusual circumstances, please contact Duty Biochemist via operator for special arrangement.

To be filled in by Staff in Chemical Pathology:

Handled by: _____ **User's 331 Code:** _____