FS LAB # T04-_____

EASTERN TOXICOLOGY WORKSHEET

-MEDICAL EXAMINER CASES-

SUBJECT'S NAME: _____ **OCME CASE#** _____

Date Opened / Initials: _____ **Date Resealed / Initials:** _____

Received Sealed / Sealed on Receipt **CONT#** _____ **MOD / COD** _____

Samples Received:				
	BLD_____ **(TX____)**	**HBLD**_____ **(TX____)**	**URINE**_____ **(TX____)**	**VITREOUS**_____ **(TX____)**
	CSF_____ **(TX____)**	**BILE** _____ **(TX____)**	**LIVER**_____ **(TX____)**	**GASTRIC** _____ **(TX____)**

ETHANOL/VOLATILES **ETHANOL QUANT:** _____:BLOOD _____:URINE _____:VITREOUS

_____:HBLD _____:LIVER

CARBON MONOXIDE **CONWAY DIFFUSION** ++++++++++++ ----------

UV/VIS SPECTROMETRY **GT / LT / =** _____% SATURATION

TD$_X$ SCREENS

	Specimen / Results		**Specimen / Results**		**Specimen / Results**
COC/BE	BLOOD /_____	**OPIATES**	BLOOD /_____	**CANNAB**	BLOOD /_____
AMP/METH	BLOOD /_____	**BARBS**	BLOOD /_____	**BENZO**	BLOOD /_____
SAL	BLOOD / _____	**ACETAMIN**	BLOOD /_____	**VALPROIC**	BLOOD /_____
PHENYTOIN	BLOOD /_____	**THEOPH**	BLOOD /_____	**CARBAM**	BLOOD /_____

OTHER SCREENS / QUANTITATIONS / CONFIRMATIONS	**INITIAL**	**DATE**

DATE / ALIQUOT / TEST / INITIAL