



ANALYSIS REQUEST FORM

Analytic Bio-Chemistries Inc.
1680-D Loretta Ave.
Feasterville, PA 19053

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AB-C LAB USE ONLY

Date _____

Time _____

Received by _____

T

Patient Name (last) _____ (first) _____

Client _____

Patient/Specimen I.D. _____ Age _____ Sex _____

blood serum urine meconium plasma other _____

STAT Routine Date/Time drawn _____

Comments/Instructions _____

CALL: _____

FAX: _____

TOXICOLOGY PANELS

For complete list of tests see current fee schedule

45-800 Limited **serum** Tox Screen

45-665 Toxicology Survey - serum/urine

45-850 **Urine** Drugs of abuse

45-675 Comprehensive Tox - urine, serum & whole blood

INDIVIDUAL TESTS

- Acetaminophen (Tylenol) 50-003
- ALCOHOL (Ethanol) 40-009
- Amiodarone (Cordarone) 51-017
- Amitriptyline (Elavil) 51-021
- Amphetamine screen 41-025
- Benzodiazepines 45-059
- BE (cocaine) screen 41-061
- Caffeine 40-076
- Cannabinoid screen 41-079
- Carbamazepine (Tegretol) 50-085
- CARBOXYHEMOGLOBIN 40-097
- Chlorpromazine (Thorazine) 50-119
- Clomipramine (Anafranil) 51-130
- Clonazepam (Clonopin) 51-131
- Clozapine (Clozaril) 51-136

- CYANIDE 40-152
- ETHYLENE GLYCOL 40-233
- Fentanyl 40-237
- Flunitrazepam (Rohypnol) 50-238
- Gabapentin (Neurontin) 50-246
- Gammahydroxybutyrate 50-247
- Haloperidol (Haldol) 50-260
- Ketamine 40-282
- Lamotrigine (Lamictal) 50-287
- Lidocaine (Xylocaine) 50-300
- L/S Ratio + PG 31-290
- LSD screen 40-310
- MECONIUM SCREEN 45-650
- Methadone_peak_trough 50-333
- METHANOL 40-340

- Methotrexate 50-353
- Morphine 41-370
- Nortriptyline (Pamelor) 50-399
- Opiates screen 41-402
- Oxcarbazepine (Trileptal) 50-407
- Pentobarbital (Nembutal) 50-424
- Phenytoin (Dilantin) 50-447
- Primidone (Mysoline) 51-454
- Tricyclics screen 41-548
- Tricyclics ID & quant 45-551
- Volatiles 45-725
- Volatiles + Ethylene glycol 45-725A
- Other _____

DO NOT WRITE OR PUT LABELS BELOW
HERE

REPORT OF ANALYSIS

REPORT DATE _____
ANALYST _____

LABORATORY DIRECTOR

RESULT GIVEN

TEST NO.

TEST NAME

LAB NO.

FEES

TOTAL _____