

Room Number: _____

Name: _____

Acct. Number: _____

Date of Birth: _____ M
 F

Physician: _____

Comment: _____

		Therapeutic Drugs		
<input type="checkbox"/>	Urine	<input type="checkbox"/>		TIME:
<input type="checkbox"/>	Serum	<input type="checkbox"/>	Acetaminophen	
<input type="checkbox"/>	Other	<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		RECEIVED BY:
<input type="checkbox"/>		<input type="checkbox"/>	Digoxin	
<input type="checkbox"/>		<input type="checkbox"/>	Dilantin (Phenytoin)	
Drug Abuse Screen		<input type="checkbox"/>		OTHER
<input type="checkbox"/>	Urine (includes THC)	<input type="checkbox"/>		
<input type="checkbox"/>	Serum (no THC)	<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		GYT
<input type="checkbox"/>	Alcohol, blood	<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	Cannabinoids (includes THC), urine	<input type="checkbox"/>	Phenobarbital	RT
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
Therapeutic Drugs		<input type="checkbox"/>		SPECIMEN:
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	Gentamycin	<input type="checkbox"/>	Salicylates	MISC.
<input type="checkbox"/>	Peak	<input type="checkbox"/>	Tegretol (Carbamazepine)	
<input type="checkbox"/>	Trough	<input type="checkbox"/>	Theophylline	
<input type="checkbox"/>		<input type="checkbox"/>		MISC.
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	Vancomycin	<input type="checkbox"/>		MISC.
<input type="checkbox"/>	Peak	<input type="checkbox"/>		
<input type="checkbox"/>	Trough	<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		MISC.
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		

MISC.

DATE	ORDERED BY	TECH	ID NUMBER
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YOUR HOSPITAL - CITY, STATE
 TOXICOLOGY & THERAPEUTIC DRUGS
STAT IV

PART OF THE MEDICAL RECORD

NORMAL VALUES

AMIKACIN		
TROUGH	4 - 8	microgram/ml
PEAK	25 - 35	microgram/ml
GENTAMYCIN		
TROUGH	< 2	microgram/ml
PEAK	5 - 10	microgram/ml
TOBRAMYCIN		
TROUGH	< 2	microgram/ml
PEAK	5 - 10	microgram/ml
VANCOMYCIN		
TROUGH	5 - 10	microgram/ml
PEAK	20 - 40	microgram/ml
ACETAMINOPHEN	10 - 20	microgram/ml
DIGOXIN	0.8 - 2.0	microgram/ml
DILANTIN	10 - 20	microgram/ml
LIDOCAINE	1.2 - 4	microgram/ml
LITHIUM	0.6 - 1.2	microgram/ml
NORPACE	2 - 4.5	microgram/ml
PHENOBARBITAL	15 - 40	microgram/ml
PRIMIDONE	5 - 15	microgram/ml
PROCAINAMIDE	4 - 8	microgram/ml
QUINIDINE	2 - 5	microgram/ml
SALICYLATES	150 - 300	microgram/ml
TEGRETOL	4 - 12	microgram/ml
THEOPHYLLINE	10 - 20	microgram/ml
VALPROIC ACID	50 - 100	microgram/ml
ZARONTIN	40 - 100	microgram/ml
CORTISOL		
AM PM	6 - 28	microgram/dl
PEAK	3 - 16	microgram/dl