

Toxicology Laboratory Submission Form: Anti Neoplastic Drug Analyses

Prairie Diagnostic Services Inc. www.pdsinc.ca 52 Campus Drive TEL: (306) 966-7316 Saskatoon SK S7N 5B4 FAX: (306) 966-2488	LAB #	 PDS
Invoice to: Address: Postal Code: Contact person (print) Phone: Fax: Email: Copy to:		<div style="background-color: yellow; border: 1px solid black; padding: 2px;">Swipe Kit Batch Number:</div> <div style="border: 1px solid black; padding: 2px;">Date Collected:</div>

Sample Information		Swab Type			Target(s)	
Sample	Description of Swabbed location	Surface		Biomedical Waste	Cyclo (✓)	5-FU (✓)
		(✓)	Area Swabbed (cm ²)	(✓)		
1		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check (✓) if additional samples from kit are to follow within 2 weeks ** :



Estimated date of arrival

****NOTE:** Each Submission Form has a unique Kit Batch Number. Please photocopy this Submission Form to send in with additional samples from this kit.

Comments:

Place completed sample Submission Form in the return envelope with the samples

Keep a copy of the sample Submission Form for your records