



KLE University's

# "POISON DETECTION CENTRE"

Department of Forensic Medicine & Toxicology  
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## REQUISITION FORM

**KLE/ PDC/ Req. No.:**

*Please fill up the following and send along with sample/s:*

1. Name: \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Sex: \_\_\_\_\_
4. Occupation: \_\_\_\_\_
5. Address: \_\_\_\_\_
  
6. Body Weight (in Kg): \_\_\_\_\_
7. Name of treating Physician and Hospital: \_\_\_\_\_
  
8. Probable Date and Time of Consumption / Exposure: \_\_\_\_\_
9. Date of admission: \_\_\_\_\_
10. IPD/OPD Number: \_\_\_\_\_
11. H/o Previous illness / Poisoning / Allergy: \_\_\_\_\_
  
12. Therapeutic drugs patient was on prior to episode: \_\_\_\_\_
  
13. Clinical details:
  - a. Vital Parameters:
    - i. Pulse: \_\_\_\_\_
    - ii. Blood Pressure: \_\_\_\_\_
    - iii. Respiration: \_\_\_\_\_
    - iv. Urinary Output: \_\_\_\_\_
  
  - b. Conscious / Unconscious / Drowsy / Delirious / Agitated: \_\_\_\_\_

- c. Eyes:
  - i. Pupils:
  - ii. Conjunctiva:
- d. Is there evidence of the following?
  - i. Anemia:
  - ii. Jaundice:
  - iii. Staining of Skin / Clothing:
  - iv. Cyanosis:
  - v. Pigmentation of Skin (*please mention colour*):
  - vi. Peculiar Smell (*Please mention nature of odour*):
- e. Brief description of Clinical manifestations (*with particular reference to abdominal pain, vomiting, diarrhea, convulsions etc.*):
- f. Summary of investigations done (*with results*):

14. Suspected Poison / Drug :

15. Samples Collected: Stomach Wash/ RT aspirate/ Vomitus/ Blood/ Urine

16. Date and Time of Collection of samples:

17. Date and Time of Dispatch of Samples:

Signature

Name:

Designation:

Contact No.:

*\*Note: Analysis will be carried out based on the information furnished. Hence kindly furnish maximum information possible when submitting samples for analysis. This will help narrow down the incriminating agent with better precision.*