

# WORKCOVER NSW – CHEMICAL ANALYSIS BRANCH

5a Pioneer Avenue Thornleigh NSW 2120 Australia Phone 61 2 9473 4000 Fax 61 2 9980 6849

Website <http://www.workcover.nsw.gov.au> ABN 77 682 742 966

## Request for hazardous chemical analysis – blood and urine

Please use BLOCK LETTERS

<b>EMPLOYEE/ PATIENT DETAILS</b>	Surname	
	Given Names	
	Date of Birth	Male/Female
	Address	
		Post Code
	Phone Number	Fax Number:

<b>EMPLOYER DETAILS</b>	Name	
	Address	
		Post Code
	Phone Number	Fax Number:

<b>WORKCOVER AUTHORISED MEDICAL PRACTITIONER:</b>	
---	--

<b>REQUESTER FOR RETURN OF REPORT</b>	Name of Requester	
	Organisation	
	Address	
		Post Code
	Phone Number	Fax Number:

<b>SPECIMEN DETAILS</b>	Type of Specimen(s) (Please Tick)	<input type="checkbox"/> Whole Blood <input type="checkbox"/> Plasma <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Other _____
	Date of Collection	
	Tests Required	

<b>PAYMENT DETAILS</b>	Account to be sent to: (Please Tick)	<input type="checkbox"/> Employee/Patient <input type="checkbox"/> Employer <input type="checkbox"/> Requester
	Signature of Person Requesting Tests	

***NOTE: Tests performed by this laboratory are not claimable under the Medicare Benefits Scheme  
Refer to Laboratory Services' fee schedule for the cost of analysis or phone 61 2 9473 4000.***

<b>EMPLOYEE INFORMATION</b>	Your Occupation	
	Type of Industry	
	Any Work Hazards	
	Any Work-Related Health Problems	

**Tick ANALYSES REQUIRED. Give DATE OF LAST EXPOSURE (DLE)**

Organophosphates/Carbamates

<heparinised blood>

(Measured as cholinesterase activity)

Common Name	Trade Name	(DLE)
<input type="checkbox"/> Azinphos	Gusathion	_____
<input type="checkbox"/> Bendiocarb	Ficam	_____
<input type="checkbox"/> Carbaryl	Sevin	_____
<input type="checkbox"/> Chlorpyrifos	Dursban	_____
<input type="checkbox"/> Diazinon	Basudin	_____
<input type="checkbox"/> Dichlorvos	Insectigas	_____
<input type="checkbox"/> Dimethoate	Rogor	_____
<input type="checkbox"/> Fenitrothion	Folithion	_____
<input type="checkbox"/> Fenthionethyl	Lucijet	_____
<input type="checkbox"/> Maldison	Malathion	_____
<input type="checkbox"/> Mevinphos	Phosdrin	_____
<input type="checkbox"/> Propoxur	Baygon	_____
<input type="checkbox"/> Other	_____	_____

Organochlorines

<heparinised blood>

<input type="checkbox"/> Aldrin	_____
<input type="checkbox"/> Chlordane	_____
<input type="checkbox"/> DDT	_____
<input type="checkbox"/> Dieldrin	_____
<input type="checkbox"/> Endosulfan	_____
<input type="checkbox"/> Heptachlor	_____

Metals/Elements/Chemicals

<heparinised blood>

<input type="checkbox"/> Bromide (Methyl Bromide exposure)	_____
<input type="checkbox"/> Cadmium	_____
<input type="checkbox"/> Lead	_____
<input type="checkbox"/> PCB's	_____

Metals/Elements/Chemicals<urine>

<input type="checkbox"/> Arsenic	_____
<input type="checkbox"/> Chromium	_____
<input type="checkbox"/> Copper	_____
<input type="checkbox"/> Thiocyanate (Cyanide exposure)	_____
<input type="checkbox"/> Fluoride	_____
<input type="checkbox"/> Lead (Petrol exposure)	_____
<input type="checkbox"/> Mercury	_____

Weedicides/Herbicides<urine>

General Screen

(DLE)

<input type="checkbox"/> 2,4-D	_____
<input type="checkbox"/> Bromoxynil	_____
<input type="checkbox"/> Clopyralid	_____
<input type="checkbox"/> Dicamba	_____
<input type="checkbox"/> Picloram	_____
<input type="checkbox"/> Triclopyr	_____

Other Weedicides/Herbicides<urine>

<input type="checkbox"/> Glyphosate (Roundup/Zero)	_____
<input type="checkbox"/> MCPA	_____

Organophosphates<urine>

<input type="checkbox"/> General Screen for Metabolites	_____
---	-------

Industrial Solvents/Chemicals<urine>

<input type="checkbox"/> Benzene	_____
<input type="checkbox"/> Cresol	_____
<input type="checkbox"/> Ethyl Benzene	_____
<input type="checkbox"/> Furfural	_____
<input type="checkbox"/> MOCA	_____
<input type="checkbox"/> Perchloroethylene	_____
<input type="checkbox"/> Phenol	_____
<input type="checkbox"/> Styrene	_____
<input type="checkbox"/> Toluene	_____
<input type="checkbox"/> Trichloroethylene	_____
<input type="checkbox"/> Xylene	_____
<input type="checkbox"/> PAHs ( hydroxypyrene )	_____

Solvents in Urine Screen

<input type="checkbox"/> Acetone	_____
<input type="checkbox"/> Ethanol	_____
<input type="checkbox"/> Ethyl Acetate	_____
<input type="checkbox"/> MEK	_____
<input type="checkbox"/> Methanol	_____
<input type="checkbox"/> MIBK	_____

Other

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____