

# Salicylates Level Test

**Patient's Name:**

**Date of Birth:**

**Gender:**

**Clinical Indication/Reason for Test:**

- Suspected Aspirin Poisoning
- Monitoring of Prescription-Strength Aspirin Therapy
- Emergency: Suspected Salicylate Ingestion
- Other: \_\_\_\_\_

**Symptoms or Additional Notes** (if applicable):

**Special Instructions or Notes:**

- Fast prior to the test.
- Refrain from aspirin or medication containing salicylate for at least 4 hours before the test.
- The test may need to be repeated at specified intervals for monitoring.

**Date of Test Request:**

**Ordering Physician's Name and Signature:**

**Ordering Physician's Contact Information:**

**Laboratory Name:**

**Laboratory Contact Number:**

**Collection Date and Time:**

**Laboratory Technician's Name and Signature:**

**Test Results:**

- Salicylates Level Test:
- Reference Range:
- Interpretation (if needed):

**Additional Notes:**

**Ordering Physician's Name and Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_