



## Toxin reporting form

Hospital name:

Veterinarian:

Veterinarian email:

Contact person:

Contact email:

Treatment date:

Patient name:

Patient Record #

Species:

Breed:

Age:

Sex:

Wt (kg):

### Poisoning Description

Identification / name of toxin(s):

Context of exposure:

Time window of exposure (24HH:MM) From:

To:

Total exposure (mg):

Estimated?

Known?

Route:

Co-ingestions:

Dose (mg)

History of emesis? Y      N

Toxin identified in emesis? Y      N

Estimated quantity of toxin identified in emesis:

Estimated NET exposure (mg/kg):

Signs of toxicity upon admission:

Was charcoal administered? Yes      No

Charcoal dose:

Antidote administered:

Antidote dose:

Was ILE administered? Y      N

ILE Dose:

## **Extracorporeal Therapy Description**

Start time of treatment (24HH:MM)

Type / modality of ECT:

Machine used:

HP Column size:

HP Column formula:

Dialyzer used (make and model):

Starting ACT (seconds):

Anticoagulant:

Total blood volumes processed:

Treatment stop time (24HH:MM)

Treatment interruption time (HH:MM)

## **Samples / Lab Information**

Total # samples collected:

Sample type:

Lab for testing:

Date samples shipped:

Date report received:

Clinical observations and treatment outcome: