



## Methadone Testing Log Sheet

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ MRN: \_\_\_\_\_

	Aliquot	Time Collected	Phlebotomist Initials
Trough 1 <sup>st</sup> Collection (Pre-Dose)			
Peak 2 <sup>nd</sup> Collection (Post-Dose)			

\*\*\* Be sure to scan Collection document into Media Manager. Send this completed document to along with the last sample sent to the lab with courier.

Reviewed 6.2024