



Form B8 – Poisoning

MSCB Reference

CD11/12 xxxx

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Form of substance:	<input type="checkbox"/> Solid
	<input type="checkbox"/> Gas
	<input type="checkbox"/> Liquid
	<input type="checkbox"/> Unspecified
Type of substance:	<input type="checkbox"/> Household products, please specify
	<input type="checkbox"/> Prescription medicines, please specify
	<input type="checkbox"/> Non-prescription medicines, please specify
	<input type="checkbox"/> Not known
Location of poisoning:	