

Request form: Drug screening (Certificate) Workplace, VAT included

The certificate of the drug test will be posted to this add given by the donor:	Barcode
	Indication:
Workplace / employer:	Pre employment Random
Identity information of the donor	Post accident
Name:	Reasonable suspicion
Date of birth / social security number:	Other:
Phone number: Email:	
Identity confirmed: Driver's licence Other identity c	ard with photo
Medication within the past two weeks: No medication	Prescriptions verified

Requesting physician or nurse:

Type of drug screen test requested

U-DS4 (amphetamines, benzodiazepines, cannabis, opiates) U-DS5 (amphetamines, benzodiazepines, cannabis, opiates, cocaine) U–DS6 (amphetamine, benzodiazepines, cannabis, opiates, buprenorphine, cocaine) Other, what:

Consent of the donor: I hereby give permission for my urine specimen to be tested for evidence of drug use. I have received information about the purpose and content of such testing and I am aware of my right to challenge the test result. I also give permission for the human resources management of the recruiting company to handle the data of the drug testing certificate, which I have delivered to them by myself. (The Act on the Protection of Privacy in Working Life, 759/2004)

Specimen collection Date		I certify that the specimen has been placed and sealed in two specimen tubes in my presence and that the information provided on this form and o	
Temperature °C	рН	the specimen tube labels are	
(approved 32–38 °C)	(approved 4–10)	Signature of the collector:	
Seal number		Name (Capital letters):	
Site		Signature of the donor:	
Remarks (e.g. amount of wate	r given to the test person):	Name (Capital letters):	
Näyte lähetetty postitse / lä	hetin mukana:	Päivämäärä:	Nimikirjaimet:
Näyte saapunut Vitaan:		Päivämäärä:	Nimikirjaimet:

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