

The certificate of the drug test will be posted to this address given by the donor:

Workplace / employer: _____

Requesting physician or nurse: _____

Identity information of the donor

Name: _____ Date of birth / social security number: _____

Medication within the past two weeks: No medication Prescriptions verified

Identity confirmed: Driver's licence Other identity card with photo _____

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)

Place: _____ Date: _____ Signature of the donor: _____

Specimen collection

Date: _____ Klo _____

Temperature °C (approved 32–38 °C) _____

pH (approved 4–10) _____

Seal number: _____

Site: _____

Remarks (e.g. amount of water given to the test person):

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 on the specimen tube labels are correct.

Signature of the collector:

Signature of the donor:

Name (Capital letters):

Name (Capital letters):

Type of drug screen test requested

U-DS4 (amphetamines, benzodiazepines, cannabis, opiates)

U-DS4B (amphetamines, benzodiazepines, cannabis, opiates, buprenorphine)

U-DS5 (amphetamines, benzodiazepines, cannabis, opiates, cocaine)

U-DS6 (amphetamine, benzodiazepines, cannabis, opiates, buprenorphine, cocaine)

Other, what:

Näyte lähetetty postitse / lähetin mukana

Päivämäärä: _____

Nimikirjaimet: _____

Näyte saapunut Vitaan:

Päivämäärä: _____

Nimikirjaimet: _____