

Requesting physician or nurse

Health care provider: _____

Address: _____

Invoicing address: _____



Indication:

Pre employment
Random
Post accident
Reasonable suspicion
Other: _____

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 release of the results of these tests to the health care provider above.

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: _____