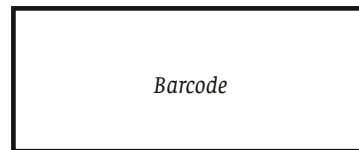


Identity information of the donor

Name: _____

Date of birth / social security number: _____



Identity confirmed:

Driver's licence Other id card with photo: _____

Medication within the past two weeks:

No medication Prescriptions verified

Indication:

Pre employment
Random
Post accident
Reasonable suspicion

Other: _____

Requesting physician or nurse: _____

Address: _____

Invoicing address: _____

Type of drug screen test requested

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

U-DS5 (amphetamines, benzodiazepines, can-
nabis, 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 release of the results of these tests to the health care provider above.

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

Specimen collection

Date _____ Time _____

Temperature °C _____ pH _____
(approved 32–38 °C) (approved 4–10)

Seal number _____

Site

Remarks (e.g. amount of water given to the test person): _____ Name (Capital letters): _____

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: _____

Name (Capital letters): _____

Signature of the donor: _____

Name (Capital letters): _____

Näyte lähetetty postitse / lähetin mukana:

Päivämäärä: _____

Nimikirjaimet: _____

Näyte saapunut Vitaan:

Päivämäärä: _____

Nimikirjaimet: _____