

Identity information of the donor

Name: _____

Date of birth / social security number: _____



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

Medication used on a period representative of the entire hair sample (1 month/ 1 cm hair) No medication

Requesting physician or nurse

Physician or nurse: _____

Address: _____

Invoicing address: _____

Drug test request

Ha-HuumLth-O (Health care purposes, hair specimen (exempt from VAT) sis. amphetamines and substitute amphetaminens, benzodiazepines, cannabis, opiates, buprenorphine, cocaine

Specimen collection

Date _____ **Time** _____ **Site** _____

Site of hair collection Hair sample (posterior vertex) Length of hair (cm) _____

Other site _____ Color of hair Red Blond Light brown

Sample taken as close to the scalp as possible Dark brown Black Gray

(<0.1 cm) Yes No Any cosmetic treatment of hair (e.g. dyeing, bleaching)

B-sample taken Yes No No Yes, specify _____

Seal number _____

Consent of the donor: **I hereby give permission for my hair 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: _____

Näyte lähetetty postitse / lähetin mukana:

Näyte saapunut Vitaan:

I certify that the hair specimen (specimens) has been placed and sealed in plastic bag in my presence and that the information provided on this form and on the specimen bag labels are correct.

Signature of the collector: _____

Name (Capital letters): _____

Signature of the donor: _____

Name (Capital letters): _____

Päivämäärä: _____ Nimikirjaimet: _____

Päivämäärä: _____ Nimikirjaimet: _____