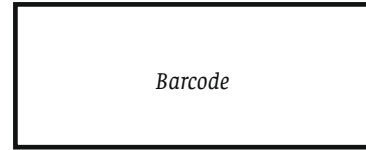


**Identity information of the donor**

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

**Sample material:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requesting** physician or nurse: \_\_\_\_\_

Address: \_\_\_\_\_

Invoicing address: \_\_\_\_\_

**Type of drug screen test requested**

- |  |  |
|--|--|
| <input type="checkbox"/> U-DS4th (12580) (amphetamines, benzodiazepines, cannabis, opiates)          | <input type="checkbox"/> U-DS6th (12584) (amphetamine, benzodiazepines, cannabis, opiates, buprenorphine, cocaine) |
| <input type="checkbox"/> U-DS5th (12581) (amphetamines, benzodiazepines, cannabis, opiates, cocaine) | <input type="checkbox"/> 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): \_\_\_\_\_

\_\_\_\_\_

**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): \_\_\_\_\_