

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:

Suspected intoxication

Other: _____

Requesting physician or nurse: _____

Address: _____

Type of drug screen test requested

U-DS4th (Amphetamine, benzodiazepines, cannabis, opiates)

U-DS4Cth (Amphetamine, cannabis, cocaine, opiates)

U-DS5th (Amphetamine, benzodiazepines, cannabis, cocaine, opiates)

U-DS5Ath (Amphetamines, cannabis, cocaine, opiates, phencyclidine)

U-DS5Bth (Amphetamine, benzodiazepines, buprenorphine, cocaine, opiates)

U-DS5Cth (Amphetamines, buprenorphine, cannabis, cocaine, opiates)

U-DS5Dth (Amphetamine, benzodiazepines, cannabis, opiates, buprenorphine)

U-DS6th (Amphetamine, benzodiazepines, buprenorphine, cannabis, cocaine, opiates)

U-DS7th (Amphetamine, barbiturates, benzodiazepines, phencyclidine, cannabis, cocaine, opiates)

U-DS7Bth (Amphetamine, barbiturates, benzodiazepines, buprenorphine, cannabis, cocaine, opiates)

U-DS7Cth (Amphetamine, cannabis, opiates, cocaine, benzodiazepines, phencyclidine, buprenorphine)

U-DS7-PVPth (Amphetamine, benzodiazepines, buprenorphine, cannabis, cocaine, opiates, alpha-PVP)

U-DS8th (Amphetamine, benzodiazepines, buprenorphine, cannabis, cocaine, opiates, fentanyl, oxycodone)

U-DS8Bth (Amphetamine, benzodiazepines, buprenorphine, cannabis, cocaine, opiates, pregabalin, tramadol)

U-DS9th (Amphetamine, barbiturates, benzodiazepines, dextropropoxyphene, fencyklidin, cannabis, cocaine, methadone, opiates)

U-DS9Bth (Amphetamine, cannabis, opiates, cocaine, benzodiazepines, phencyclidine, buprenorphine, methadone, dextropropoxyphene)

U-DS9Cth (Amphetamine, benzodiazepines, buprenorphine, cannabis, cocaine, opiates, fentanyl, oxycodone, phencyclidine)

U-DSLth Broad drug and medication analysis, confirmatory, urine (workplace)

S-DSLth Broad drug and medication analysis, confirmatory, serum (workplace)

Other, what _____

Specimen collection

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

Temperature °C _____ pH _____ Remarks (e.g. amount of water given to the test person):
(approved 32–38 °C) (approved 4–10)

Seal number _____

Consent of the donor:

I hereby give permission for my 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. 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.

Place: _____ Signature of the donor: _____

Date: _____ Name (Capital letters): _____

Signature of the collector:

I certify that the specimen has been placed and sealed in two specimen tubes in the presence of the test subject and that the information provided on this form and on the specimen tube labels are correct.

Place: _____ Signature of the collector: _____

Date: _____ Name (Capital letters): _____