

Drug testing / Workplace Request form

Referred to testing by employer, to establish the employee's work ability or functional capacity or to ensure occupational safety (VAT is added).

Date of referral	Date of Sampling
Referred by	
Customer number	
Inquiries (attending physician/nurse) Name	Phone number

Test person's information

Name	Personal identification number
Verification of identity <input type="checkbox"/> Driving licence <input type="checkbox"/> Passport <input type="checkbox"/> Photo ID <input type="checkbox"/> Other (please specify)	
Medication during the last two weeks <input type="checkbox"/> No medication <input type="checkbox"/> Medication (please give the name and dosage)	
Sample collection <input type="checkbox"/> Supervised sample collection (mandatory for workplace drug testing)	

Sample information

Urine sample	pH	Temperature (measured within 4 min from the sample collection)	Code numbers of the seals A/B
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Remarks

Collector's signature
I certify that the sample specified in this form is representative and has been handled, sealed and coded with the same codes listed on this form. The sample has been sealed in the presence of the test person.

Place and date	Sample collector's signature and name in block letters
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Test person's consent and signature (to be completed by the test person)
I hereby consent to a drug test. I have been informed of the purpose and the content of this test. I certify that the sample provided is my own and I accept the sampling protocol and the coding and sealing of the bottles. I have also checked that the code numbers on the bottles correspond to those in this referral form. I consent to reporting of the results of this drug test to the referring healthcare professional.

Place and date	Test person's signature and name in block letters
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Analysis request

- U -ALVHu4A (10433) Amphetamines, benzodiazepines, cannabis, opiates
- U -ALVHu4B (10434) Amphetamines, cannabis, cocaine, opiates
- U -ALVHu5A (10435) Amphetamines, phencyclidine, cannabis, cocaine, opiates
- U -ALVHu5B (10436) Amphetamines, benzodiazepines, cannabis, cocaine, opiates
- U -ALVHu5C (10437) Amphetamines, buprenorphine, cannabis, cocaine, opiates
- U -ALVHu6A (10439) Amphetamines, benzodiazepines, buprenorphine, cannabis, cocaine, opiates
- U -ALVHu7A (10440) Amphetamines, barbiturates, benzodiazepines, phencyclidine, cannabis, cocaine, opiates
- U -ALVHu7B (10441) Amphetamines, barbiturates, benzodiazepines, buprenorphine, cannabis, cocaine, opiates
- U -ALVHu9A (10443) Amphetamines, barbiturates, benzodiazepines, dextropropoxyphene, phencyclidine, cannabis, cocaine, methadone, opiates
- U -ALTPK-L (10445) Comprehensive narcotic and therapeutic drug screen, urine
- B -ALVEtOH (10447) Ethanol (whole blood specimen)
- B -ALVHum (10461) Comprehensive narcotic and therapeutic drug screen, blood