



Sender

Client number	Receiver of the results (if not the same as sender)
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Contact person (physician/nurse)

Name	Tel.
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Test person's personal data

Name	Date of birth/Personal identification number
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Identity confirmed

Driving license
 Passport
 KELA-card (Finnish social security card)
 Other (please, specify)

Medication during the last two weeks

No medication

Medication (please, give the name and dosage):

Analysis request

U -Huum 4A (9211) Amphetamines, benzodiazepines, cannabis, opiates
 U -Huum 4B (9212) Amphetamines, cannabis, cocaine, opiates
 U -Huum 5A (9274) Amphetamines, phencyclidine, cannabis, cocaine, opiates
 U -Huum 5B (9213) Amphetamines, benzodiazepines, cannabis, cocaine, opiates
 U -Huum 5C (9275) Amphetamines, buprenorphine, cannabis, cocaine, opiates
 U -Huum 6A (9233) Amphetamines, benzodiazepines, buprenorphine, cannabis, cocaine, opiates
 U -Huum 7A (9221) Amphetamines, barbiturates, benzodiazepines, phencyclidine, cannabis, cocaine, opiates
 U -Huum 7B (9234) Amphetamines, barbiturates, benzodiazepines, buprenorphine, cannabis, cocaine, opiates
 U -Huum 9A (9261) Amphetamines, barbiturates, benzodiazepines, dextropropoxyphene, phencyclidine, cannabis, cocaine, methadone, opiates
 B -EtOH (1378) Ethanol in whole blood

Specimen data

Urine sample

pH _____ Temperature (measured within 4 minutes from the sample collection) _____

Code numbers of the seals: A _____ B _____

Remarks

Collector's signature

I certify that the sample specified in this form is representative and has been handled, sealed and coded in the presence of the test person.

Place and date _____ Collector's signature _____

Test person's consent and signature (to be completed by the test person)

I hereby consent to be tested for drugs of abuse. I have been informed of the purpose and the content of this test. I certify that I have provided the biological sample of 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 request form. Furthermore, I give my permission to report the results of this drug test to the requesting healthcare professional.

Place and date _____ Test person's signature _____