

## DRUG TEST REFERRAL/DURING STUDIES

Response address	<b>Subject's identifier (code or name and personal ID number)</b>
	Identity verified
Billing address (if different from the response address)	Referring doctor

Investigation of being under the influence of drugs

Investigation of drug dependence

**Sample information (filled by the sampler)**

Sample type

Blood (B)

Urine (U)

Sender's code:

Seal code: Sample A

Sample B



Possible medication (in the last two weeks):

Urine sample pH \_\_\_\_\_ Temperature \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

Sampler's signature \_\_\_\_\_

Phone number \_\_\_\_\_

Clarification of name \_\_\_\_\_

Position/Title \_\_\_\_\_

**Test subject's consent**

I give my consent to undergo a drug test. I confirm that the sample I provided has been divided into two tubes, A and B, which have been sealed and labeled. I verify that the identification information on the referral form matches the identification information on the samples. Additionally, I give my consent for the results to be reported to the healthcare professionals at the sending healthcare unit.

Location \_\_\_\_\_ Date \_\_\_\_\_ Subject's signature: \_\_\_\_\_

Investigation of being under the influence of drugs (no VAT):

Investigation of drug dependence (no VAT):

Comprehensive drug and medication screening from blood  
**B -HuuSo-O, 9931**

Comprehensive drug and medication screening from blood  
**B -HuuSo-O, 9931**

Comprehensive drug and medication screening from urine  
**U -HuuSo-O, 9930**

Investigation of being under the influence of drugs (with VAT):

Investigation of drug dependence (with VAT):

Comprehensive drug and medication screening from blood  
**B -ALHuuSo, 11362**

Comprehensive drug and medication screening from blood  
**B -ALHuuSo, 11362**

Comprehensive drug and medication screening from urine  
**U -ALHuuSo, 11363**