

Drug testing / Workplace Request form

HT_e

Referred to testing by a healthcare professional for assessment of health status (no VAT).

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

Test person's information

Name	Personal identification number
------	--------------------------------

Verification of identity

☐ Driving licence	☐ Passport	☐ Photo ID	☐ Other way to verify identity, please specify:
--	-----------------------------------	-----------------------------------	--

Medication during the last two weeks (any pain medication, anesthetics, or similar substances used during the procedure)

☐ No medication	☐ Medication (please give the name and dosage)	The text field automatically adjusts the font size to fit the available space. When writing by hand, the text can be continued on the reverse side of the referral form.
--	---	---

Sample collection

☐ 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
--------------	----	--	-------------------------------

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

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

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 7D (12186) Amphetamines, benzodiazepines, buprenorphine, cannabis, cocaine, opiates, alpha-PVP
- ☐ U -Huum 9A (9261) Amphetamines, barbiturates, benzodiazepines, dextropropoxyphene, phencyclidine, cannabis, cocaine, methadone, opiates
- ☐ U -TPK-L (9263) Comprehensive narcotic and therapeutic drug screen, urine
- ☐ B -EtOH (1378) Ethanol (whole blood specimen)
- ☐ B -HuumL-O (9333) Comprehensive narcotic and therapeutic drug screen, blood