

DRUG TEST REFERRAL/DURING STUDIES

Response address	Subject's identifier (code or name and personal ID number)
	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

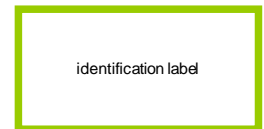
Blood (B)

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