

Date of referral	Sample collection date	time
Sender	Different return address	
Client number		
Inquiries (attending physician/nurse)		
Name	Telephone number	

Information about the tested person

Name	Personal identity code
Identity confirmed	
Driver's licence	Passport
ID card	Other, what
Supervision of sample collection in accordance with drug testing during studies	
Sample collection supervised	<input type="checkbox"/> Sample collection not supervised
Medication in the last two weeks	
No medication	Medication (medicine name, doses)

Test(s) requested

<p>Testing whether the person is under the influence of drugs: 99310 B -HuuSo-O</p> <p>Testing whether the person is addicted to drugs: 99310 B -HuuSo-O 99300 U -HuuSo-O</p>
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Sample details

Urine sample	pH	Temperature (4 min after sample collection)	Code(s) for A and B sealing labels
Observations			
Signature of the sampler			
I certify that the sample is representative, sealed and coded with the same code numbers as indicated on this form. The sample has been sealed in the presence of the person tested.			
Place and date	Signature of the sampler		

Consent and signature of the person tested (the tested person fills in this part)

<p>I consent to being subjected to a drug test. I have been informed of the purpose and content of the test. I certify that I have provided my sample and accept the sample collection procedure, as well as coding and sealing of the sample tubes. I have also verified that the code numbers on the sample tube match the code numbers on this form. I consent that the results will be sent confidentially to the healthcare professional at the aforementioned return address.</p>	
Place and date	Signature and name clarification of the tested person