

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

Information about the tested person

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

Test(s) requested

9577	U -Huum4A	Workplace drug test 4A (amphetamines, benzodiazepines, cannabis and opiates)
9578	U -Huum4B	Workplace drug test 4B (amphetamines, cannabis, cocaine and opiates)
9580	U -Huum5B	Workplace drug test 5B (amphetamines, benzodiazepines, cannabis, cocaine and opiates)
9581	U -Huum5C	Workplace drug test 5C (amphetamines, buprenorphine, cannabis, cocaine and opiates)
9582	U -Huum6A	Workplace drug test 6A (amphetamines, benzodiazepines, buprenorphine, cannabis, cocaine and opiates)
9585	U -Huum9A	Workplace drug test 9A (amphetamines, barbiturates, benzodiazepines, dextropropoxyphene, phencyclidine, cannabis, cocaine, methadone and opiates)
23037	U -TPK-L	Workplace drug and medical substance test, comprehensive, urine (approx. 300 drugs and medical substances, excluding barbiturates, gamma and varnish)
23038	B -TPK-L	Workplace drug and medical substance test, comprehensive, blood
23039	B -TPKEtOH	Workplace ethanol test, blood

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)

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.

Place and date Signature and name clarification of the tested person