	ABUSE TESTING	Specimen details				viapath	
SLAM Hospital Number: Surname:		Ward/Clinic/Hospital: Consultant: Contact Tel. No:			SLaM Cost Code:		
					Toxicology Unit, King's College Hospital,		
Forename: D.o.B:	Sex:	Time and Date of the collected by:	of Collection	n: '	/	London SE5 9RS T: 020 3299 5881, F: 020 3299 5888, E: <u>kch-tr.toxicology@nhs.net</u>	
Reason for request: Admission Routine Monitoring Suspicion		Test for (please tick as appropriate): SLaM UDS package (includes opioids, amfetamines, benzodiazepines, cannabis, methadone, cocaine, buprenorphine, ketamine, tramadol and mephedrone tests)					
Drug Treatment: Methadone Benzodiazepines Buprenorphine (Subutex / Suboxone) Morphine Other (please specify):		Additional tests (can be requested individually): Barbiturates (urine)* Alcohol (ethanol)* – urine / blood (delete as appropriate) Pregabalin (urine)* Gabapentin (urine)* Methylphenidate and metabolites (urine, includes ethylphenidate) * Unknown substance screen (powders/tablets only)*					
Form & containe	r MUST both be unic	*Additional costs apply. Please contact the laboratory for further details RF-CB-TOX-UDSQ-SLAM v3 uely identified with a minimum of Full Name, Date of Birth and Hospital Number					

viapath Client/sample Details Specimen details SLAM Hospital Number: Ward/Clinic/Hospital: SLaM Cost Code: Surname: Consultant: **Toxicology Unit,** Contact Tel. No: King's College Hospital, Time and Date of Collection: Forename: London SE5 9RS T: 020 3299 5881, hrs F: 020 3299 5888, D.o.B: Collected by: Sex: E: kch-tr.toxicology@nhs.net M/FReason for request: Test for (please tick as appropriate): Admission SLaM UDS package (includes opioids, amfetamines, Routine Monitoring benzodiazepines, cannabis, methadone, cocaine, buprenorphine, ketamine, tramadol and mephedrone tests) Suspicion Additional tests (can be requested individually): **Drug Treatment:** Barbiturates (urine)* Methadone Alcohol (ethanol)* - urine / blood (delete as appropriate) Benzodiazepines Pregabalin (urine)* Buprenorphine (Subutex / Suboxone) Gabapentin (urine)* Morphine Methylphenidate and metabolites (urine, includes ethylphenidate) * Other (please specify): Unknown substance screen (powders/tablets only)* *Additional costs apply. Please contact the laboratory for further details

Form & container MUST both be uniquely identified with a minimum of Full Name, Date of Birth and Hospital Number