

DRUGS OF ABUSE TESTING REQUEST FORM

Please send the completed form with sample(s) to:

**DoA Section, Toxicology Unit, 3rd Floor, Bessemer Wing, King's College Hospital,
Denmark Hill, London SE5 9RS**

Tel: 020 3299 5881, Fax: 020 3299 5888, e-mail: kch-tr.toxicology@nhs.net

***** Pack safely to Post Office regulations *****

- For urine drug screens (UDS), please send a random urine sample (10–20 mL) collected into a plain 30 mL universal container. Ensure containers are tightly sealed, and sent in a clear plastic bag separate from this request form.
- Additional specialist tests can be carried out on the same urine specimen as supplied originally.
- For blood ethanol, please send 1-2 mL whole blood (fluoride oxalate).
- An address for the report must be supplied.
- Assay results will be available within 3-5 working days of sample receipt
- Register with our free, secure Results On-Line service at <http://www.viapath.co.uk/results>.

<i>Client/sample Details</i>		<i>Details for reporting/invoicing</i>
Hospital Number:		Address for report (<i>including telephone no.</i>):
Surname:		
Forename:		Address for invoice (<i>if different to above</i>):
D.o.B: / /	Sex: M / F	
Time and Date of Collection : hrs / /		Consultant:
Collected by:		
Reason for request: Admission Routine Monitoring Suspicion Other (please specify):		Test for (please tick as appropriate): Standard UDS package (<i>opioids, amfetamines, methadone & metabolite, benzodiazepines, cocaine, cannabis</i>) Premium UDS package* (<i>includes Standard UDS package, plus buprenorphine, ketamine, tramadol and mephedrone tests</i>) <u>Additional tests (can be requested individually):</u> Buprenorphine and metabolites* Ketamine and norketamine* Tramadol and metabolites* Mephedrone* Barbiturates* Pregabalin* Gabapentin* Methylphenidate and metabolites (<i>includes ethylphenidate</i>)* Alcohol (ethanol)* – urine / blood (<i>delete as appropriate</i>) *Additional costs apply. Please contact the laboratory for further details
Drug Treatment: Methadone Benzodiazepines Buprenorphine (Subutex / Suboxone) Morphine Diamorphine Other (please specify):		

RF-CB-TOX-UDS-QE v2

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