

DRUGS OF ABUSE TESTING REQUEST FORM

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

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

Tel: 020 3299 5878 e-mail: kch-tr.toxicology@nhs.net

For result queries please contact customer services

Tel: 020 4513 7300 e-mail: customerservices@synnovis.co.uk

***** 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 originally supplied.
- An address for the report must be supplied.
- Assay results will be available within 5 working days of sample receipt
- Form & container MUST both be uniquely identified with a minimum of Full Name, Date of Birth and Hospital Number.

Client/sample details	Details for reporting/invoicing
Surname:	Address for report (including telephone no.):
Forename(s):	
NHS or Hospital Number:	Address for invoice (if different to above):
Date of birth: / /	Sex: M / F
Date and time of collection (24-hour clock) DD / MM / YY h : m	Consultant:
Collected by:	Contact Tel. No:
<p style="text-align: center;">Reason for request:</p> <input type="checkbox"/> Admission <input type="checkbox"/> Routine Monitoring <input type="checkbox"/> Suspicion <input type="checkbox"/> Other (please specify):	<p style="text-align: center;">Test for (please tick as appropriate):</p> <input type="checkbox"/> Standard UDS package (opioids, amfetamines, methadone & metabolite, benzodiazepines, cocaine, cannabis) <input type="checkbox"/> Premium UDS package* (includes Standard UDS package, plus buprenorphine, ketamine, tramadol and mephedrone tests) <u>Additional tests (can be requested individually):</u> <input type="checkbox"/> Buprenorphine and metabolites* <input type="checkbox"/> Ketamine and norketamine* <input type="checkbox"/> Tramadol and metabolites* <input type="checkbox"/> Mephedrone* <input type="checkbox"/> Barbiturates* <input type="checkbox"/> Pregabalin* <input type="checkbox"/> Gabapentin* <input type="checkbox"/> Methylphenidate and metabolites (includes ethylphenidate)* <input type="checkbox"/> Unknown substance screen* (discuss with lab prior to sending)
<p>Drug Treatment:</p> <input type="checkbox"/> Methadone <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Buprenorphine (Subutex / Suboxone) <input type="checkbox"/> Morphine <input type="checkbox"/> Diamorphine <input type="checkbox"/> Other (please specify):	<p style="text-align: center;">*Additional costs apply. Please contact the laboratory for further details</p>

This form may be downloaded from <http://www.synnovis.co.uk/our-tests/urine-drug-screen>