DRUGS OF ABUSE TESTING REQUEST FORM – SLAM

synnovis
A SYNLAB pathology partnership

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

Client/sample details:		
Surname:		Ward/Clinic/Hospital:
Forename(s):		SLAM Cost Code:
SLAM Hospital Number:		Consultant:
Date of birth: / /	Sex: M / F	Contact Tel. No: Email address:
Date and time of collection (24-hour clock) DD / MM / YY h : m		Collected by:

TOXICOLOGY, 1st floor Synnovis Hub, Friars Bridge Court, 41-43 Blackfriars Road, London, SE1 8NZ

0204 591 0056 or 0204 591 0054
toxicologystaff@synnovis.co.uk

For result enquiries:
020 4513 7300
customerservices@synnovis.co.uk

Reason for request:

- ☐ Admission
- ☐ Routine Monitoring
- ☐ Suspicion

Drug Treatment:

- ☐ Methadone
- ☐ Benzodiazepines
- ☐ Buprenorphine (Subutex / Suboxone)
- ☐ Morphine
- ☐ Other (please specify):

Test for (please tick as appropriate):

☐ **SLaM UDS package** *(includes opioids, amfetamines, benzodiazepines, cannabis, methadone, cocaine, buprenorphine, ketamine, tramadol and mephedrone tests)*

Additional tests (can be requested individually):

- ☐ Barbiturates (urine)*
- ☐ Pregabalin (urine)*
- ☐ Gabapentin (urine)*
- ☐ Methylphenidate and metabolites (urine, includes ethylphenidate) *
- ☐ Unknown substance screen **(powders/tablets only)***

***Additional costs apply.** Please contact the laboratory for further details*

RCHEM-HUB-TOX-FORM11 v1.0

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