

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

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

Tel: 0204 591 0056 or 0204 591 0054, e-mail: toxicologystaff@synnovis.co.uk

For result enquiries 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.

<i>Client/sample details</i>	<i>Details for reporting/invoicing</i>
<i>Surname:</i>	Address for report (<i>including telephone no.</i>):
<i>Forename(s):</i>	
<i>NHS or Hospital Number:</i>	Address for invoice (<i>if different to above</i>):
<i>Date of birth:</i> / / <i>Sex:</i> M / F	<i>Consultant:</i> <i>Contact Tel. No.:</i> <i>Email address:</i>
Reason for request: <input type="checkbox"/> Admission <input type="checkbox"/> Routine Monitoring <input type="checkbox"/> Suspicion <input type="checkbox"/> Other (please specify):	Test for (please tick as appropriate): <input type="checkbox"/> Standard UDS package (<i>opioids, amphetamines, methadone & metabolite, benzodiazepines, cocaine, cannabis</i>) <input type="checkbox"/> Premium UDS package* (<i>includes Standard UDS package, plus buprenorphine, ketamine, tramadol and mephedrone tests</i>) <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 (<i>includes ethylphenidate</i>)* <input type="checkbox"/> Unknown substance screen* (<i>discuss with lab prior to sending</i>)
Drug Treatment: <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):	<small>*Additional costs apply. Please contact the laboratory for further details</small>

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