

DRUGS OF ABUSE TESTING REQUEST FORM

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.

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:	
		Email address:	
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 (opioids, amfetamines, methadone & metabolite, benzodiazepines, cocaine, cannabis) <input type="checkbox"/> Premium UDS package* (includes Standard UDS package, plus buprenorphine, ketamine, tramadol and mephedrone tests) Additional tests (can be requested individually): <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)	
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):		*Additional costs apply. Please contact the laboratory for further details	

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