

DRUGS OF ABUSE TESTING REQUEST FORM – SLAM

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:		<p style="text-align: center;">DOA Section Toxicology Unit, 3rd Floor Bessemer Wing, King's College Hospital, London SE5 9RS</p> <p style="text-align: center;">020 3299 5878 kch-tr.toxicology@nhs.net</p> <p style="text-align: center;">For result enquiries 020 4513 7300 customerservices@synnovis.co.uk</p>	
Surname:	Ward/Clinic/Hospital:		
Forename(s):	SLAM Cost Code:		
SLAM Hospital Number:	Consultant:		
Date of birth: / /	Sex: M / F		Contact Tel. No:
Date and time of collection (24-hour clock) DD / MM / YY h : m	Collected by:		Email address:
Reason for request: <input type="checkbox"/> Admission <input type="checkbox"/> Routine Monitoring <input type="checkbox"/> Suspicion		Test for (please tick as appropriate): <input type="checkbox"/> SLaM UDS package (includes opioids, amfetamines, benzodiazepines, cannabis, methadone, cocaine, buprenorphine, ketamine, tramadol and mephedrone tests) <i>Additional tests (can be requested individually):</i> <input type="checkbox"/> Barbiturates (urine)* <input type="checkbox"/> Pregabalin (urine)* <input type="checkbox"/> Gabapentin (urine)* <input type="checkbox"/> Methylphenidate and metabolites (urine, includes ethylphenidate) * <input type="checkbox"/> Unknown substance screen (powders/tablets only)* *Additional costs apply. Please contact the laboratory for further details	
Drug Treatment: <input type="checkbox"/> Methadone <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Buprenorphine (Subutex / Suboxone) <input type="checkbox"/> Morphine <input type="checkbox"/> Other (please specify):			

LF-CB-TOX-DOASLAM v1.0

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