

Urine Drug Screen Request

Patient Details

<i>Surname</i>		<i>Lab Number</i>
<i>Forename (s)</i>		<i>Hospital</i>
<i>Date of birth</i>	<i>Sex</i>	<i>Ward</i>
<i>Address</i>		<i>Hospital Number</i>
		<i>NHS Number</i>
<i>Sample date</i>	<i>Sample time</i>	<i>Consultant</i>

Request Details

Measurement required

Illicit Drug Screen

Opiate Differentiation

D/L Amphetamine Differentiation

Benzodiazepine Differentiation

Buprenorphine

Pre-employment screen

Other (please provide details below)

Person Completing Form

<i>Name</i>	<i>Designation</i>
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Sample Collection Information

Sampling Time
Within 3 days of ingestion

Sample Collection Bottle
A plastic universal container is suitable for this test.

Sample Address
Cardiff Toxicology Laboratories
Academic Centre
University Hospital Llandough
Cardiff
CF64 2XX
Tel: 029 2071 6893