



<b>REFERRED BY</b>		<b>THE PERSON BEING TESTED</b>	
Name:		Patient's name:	
Street address:		Personal ID number:	
		Identity verified: <input type="checkbox"/>	
Postal address:		Identification allocated by the referring person to the person being tested:	
Medication:			
Results of screening carried out by the sender:			
Signature of the person who <b>took the sample</b> :		Place:	Date:
Name in block letters:		Title/Position:	Tel.:
<b>Consent given by the person being examined (signature):</b>			
Sample: <input type="checkbox"/> urine (U) <input type="checkbox"/> blood, serum (B,S) <input type="checkbox"/> hair (H) <input type="checkbox"/> other, what?			

**SCREENING (Positive screening results will be verified (U) or quantified (B,S))**

- URINE SAMPLE (U)**  **EXTENSIVE SCREENING** drugs, benzodiazepines, barbiturates, buprenorphine, dextropropoxyphene and other substances to analyse  
 **SCREENING** drugs, benzodiazepines I, barbiturates, dextropropoxyphene and methadone  
 **EXTENSIVE MEDICINE SCREENING** other substances to analyse from urine  
**SINGLE SCREENING:**  buprenorphine
- BLOOD AND SERUM SAMPLE (B,S)**  **EXTENSIVE SCREENING** drugs, benzodiazepines and other substances to analyse from blood and serum  
 **SCREENING** drugs and benzodiazepines  
 **EXTENSIVE MEDICINE SCREENING** other substances to analyse from blood and serum  
**SINGLE SCREENINGS:**  buprenorphine (B)  barbiturates
- ALCOHOL**  ethanol  isopropyl alcohol  acetone  methanol

**VERIFICATION (U,H) AND QUANTITATION (B,S)**

- |  |  |   |  |
|--|--|---|--|
| <p><b>Drugs (U,B,S,H)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> amphetamine</li> <li><input type="checkbox"/> cannabinoids</li> <li><input type="checkbox"/> cocaine &amp; metab</li> <li><input type="checkbox"/> opiates</li> </ul> <p><b>Other drugs</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LSD (U)</li> <li><input type="checkbox"/> phencyclidine (PCP) (U)</li> <li><input type="checkbox"/> gamma (GHB) (U,B)</li> </ul> <p><input type="checkbox"/> <b>Buprenorphine</b> (U,B,S)</p> <p><input type="checkbox"/> <b>Substances of intentional intoxicating</b> (U)</p> <ul style="list-style-type: none"> <li>- clonidine</li> <li>- tetrazoline</li> <li>- gamma (GHB)</li> <li>- flunitrazepam</li> </ul> <p><input type="checkbox"/> <b>Barbiturates</b> (U,B)</p> | <p><input type="checkbox"/> <b>Benzodiazepines</b><br/>         Verification and quantitation include both groups I and II</p> <p><b>Benzodiazepines I</b></p> <ul style="list-style-type: none"> <li>- alprazolam (U,B)</li> <li>- bromazepam (B)</li> <li>- diazepam (U,B)</li> <li>- fenazepam (B)</li> <li>- chlordiazepoxide (B)</li> <li>- midazolam (U,B)</li> <li>- nordiazepam (U,B)</li> <li>- oxazepam (U,B)</li> <li>- temazepam (U,B)</li> </ul> <p><b>Benzodiazepines II</b></p> <ul style="list-style-type: none"> <li>- flunitrazepam (B)</li> <li>- clonazepam (U,B)</li> <li>- lorazepam (U,B)</li> <li>- nitrazepam (U,B)</li> <li>- triazolam (B)</li> </ul> | <p><b>Other from urine and blood</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> amitriptyline (U,B)</li> <li><input type="checkbox"/> biperiden (U)</li> <li><input type="checkbox"/> brompheniramine (U)</li> <li><input type="checkbox"/> buspirone (U)</li> <li><input type="checkbox"/> carbamazepine (U,B)</li> <li><input type="checkbox"/> carisoprodol (U,B)</li> <li><input type="checkbox"/> chlorpromazine (U,B)</li> <li><input type="checkbox"/> chlorprothixene (U,B)</li> <li><input type="checkbox"/> citalopram (U,B)</li> <li><input type="checkbox"/> clobazam (U)</li> <li><input type="checkbox"/> clomipramine (U,B)</li> <li><input type="checkbox"/> clonidine (U)</li> <li><input type="checkbox"/> clozapine (U)</li> <li><input type="checkbox"/> codeine (U,B)</li> <li><input type="checkbox"/> dextropropoxyphene (U,B)</li> <li><input type="checkbox"/> doxepin (B)</li> <li><input type="checkbox"/> ethosuximide (U)</li> <li><input type="checkbox"/> fluoxetine (U,B)</li> <li><input type="checkbox"/> fluvoxamine (U,B)</li> <li><input type="checkbox"/> levomepromazine (U,B)</li> <li><input type="checkbox"/> lorazepam (U,B)</li> <li><input type="checkbox"/> melperone (U)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> meprobamate (B)</li> <li><input type="checkbox"/> methadone (U,B)</li> <li><input type="checkbox"/> mianserin (U,B)</li> <li><input type="checkbox"/> mirtazapine (U,B)</li> <li><input type="checkbox"/> nortriptyline (B)</li> <li><input type="checkbox"/> oxicone (U,B)</li> <li><input type="checkbox"/> orphenadrine (U,B)</li> <li><input type="checkbox"/> pentoxiverine (U)</li> <li><input type="checkbox"/> phenytoin (U)</li> <li><input type="checkbox"/> promazine (U,B)</li> <li><input type="checkbox"/> pseudoephedrine (U,B)</li> <li><input type="checkbox"/> sertraline (U,B)</li> <li><input type="checkbox"/> thioridazine (U,B)</li> <li><input type="checkbox"/> tizanidine (U,B)</li> <li><input type="checkbox"/> tramadol (U,B)</li> <li><input type="checkbox"/> trimipramine (U,B)</li> <li><input type="checkbox"/> venlafaxine (U,B)</li> <li><input type="checkbox"/> zaleplon (U,B)</li> <li><input type="checkbox"/> zolpidem (U,B)</li> <li><input type="checkbox"/> zopiclone (B) (U: single screening and verification)</li> </ul> <p><input type="checkbox"/> <b>Other</b> (to be discussed with the Laboratory)</p> |
|--|--|---|--|