

REFERRING DOCTOR	
COPY DOCTOR	

PLACE BARCODE HERE

PATIENT DETAILS

ID NUMBER		COLLECTION TIME	COLL BY	FASTING
SURNAME		COLLECTION DATE		RANDOM
INITIALS & FIRST NAME		TEL		
DATE OF BIRTH		EMAIL		
PATIENT REF/EMPLOYEE NO.		PATIENT/GUARDIAN SIGNATURES: I give consent for tests and I verify that all information is correct.		
OTHER/PO NO.				
NO OF TUBES DRAWN	S01 ☐ S02 ☐ E01 ☐ E02 ☐ HEP ☐ CIT ☐ FLU ☐ MICRO / OTHER ☐	TEST COUNT		

CONSOLIDATED CONTRACT CLIENT

DRUGS OF ABUSE CONFIRMATION TESTS

ATSC*	☐	Amphetamine type stimulants Confirmation (Amphetamine, Metamphetamine, Methcathinone, Ecstasy, Pseudoephedrine)	25 ml Urine	1X U08
BBQ*	☐	Beta Blockers (Propranolol, Timolol, Bisoprolol, Atenolol, Metoprolol, Sotalol)	25 ml Urine	1X U08
BENZOUC	☐	Benzodiazepine Confirmation	25 ml Urine	1X U08
CANC*	☐	Cannabis (THC) Confirmation	25 ml Urine	1X U08
COCC*	☐	Cocaine (Benzoylecgonine) Confirmation	25 ml Urine	1X U08
ETHC*	☐	Ethanol Confirmation	8 ml Fluoride	2X F08
LSDC	☐	LSD (Lysergic Acid Diethylamide) Confirmation	25 ml Urine	1X U08
MANDC	☐	Mandrax (Methaqualone) Confirmation	25 ml Urine	1X U08
MISCC	☐	Methadone Confirmation	25 ml Urine	1X U08
OPIAC*	☐	Opiates Confirmation (Codeine, Morphine, 6-Acetyl morphine (Heroin))	25 ml Urine	1X U08
PCPC	☐	Phencyclidine Confirmation	25 ml Urine	1X U08
PPXC	☐	Propoxyphene Confirmation	25 ml Urine	1X U08

* Chain of custody offered for these confirmation tests