

# Request Form 4

Surname, First name	
Date of birth	

- Male     Female  
 Fax     Telephone  
 Express service (additional costs)  
 Additional request to order number:

Please attach barcode here!

Date of sample collection (DD/MM/YYYY)    Time of sample collection

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Ref. No.

- MPA (Driver Fitness Assessment)     Private     Study     Workplace drug testing     Other

- Copy of results to patient

- After positive screening results no confirmatory tests required  
 (Unless otherwise instructed, confirmatory tests will be performed after positive screening tests for forensic purposes)

- Invoice to patient

- Invoice to client

- Invoice to: \_\_\_\_\_

Date / Signature / Customer's stamp

## Saliva

- Drug screening 1 (50)  
 Drug screening 2 (51)

## Individualised Profiles

- Profile 1     Profile 11  
 Profile 2     Profile 12  
 Profile 3     Profile 13  
 Profile 4     Profile 14  
 Profile 5     Profile 15  
 Profile 6     Profile 16  
 Profile 7     Profile 17  
 Profile 8     Profile 18  
 Profile 9     Profile 19  
 Profile 10     Profile 20

## Meconium

- Drug screening\* (60)

## Capillary blood

- Drug screening 1\* (70)  
 Drug screening 2\* (71)

## Urine

- Drug screening 1 (01)  
 Drug screening 2 (02)  
 Drug screening 3 (03)  
 Drug screening 4 (04)  
 Medicinal drug screening (05)  
 Ethyl glucuronide (immunological) (07)  
 Tricyclic antidepressants

## Hair

- Drug screening (immunological) (20)  
 Drug screening (chromat.) (26)  
 Drugs and medicinal drugs (chromat.) (27)  
 Psychoactive drugs (chromat.) (28)  
 Ethyl glucuronide (EtG - chromat.) (21)

Please fill in details on the back!

## Serum

- Drug screening (30)  
 Medicinal drug screening (31)  
 Blood alcohol concentration (34)

### Confirmatory tests in urine (chromatography)

- Amphetamines incl. methamphetamines  
 Benzodiazepine differentiation (06)  
 Cannabinoids (THC)  
 Cocaine  
 Ethyl glucuronide (08)  
 Ketamine  
 GHB + benzodiazepines  
 LSD  
 Methadone / EDDP  
 Opiates (14)  
 Opioids (15)  
 (Buprenorphine, tilidine, tramadol, fentanyl, oxycodone)

### Confirmatory tests in hair (chromatography)

- Amphetamines incl. methamphetamines  
 Benzodiazepine differentiation (22)  
 Cannabinoids (THC)  
 THC-Carboxylic acid  
 Cocaine  
 Ketamine  
 Methadone  
 Opiates (29)  
 Opioids (23)  
 (Buprenorphine, tilidine, tramadol, fentanyl, oxycodone)

### Confirmatory tests in blood (chromatography)

- Benzodiazepine differentiation (32)  
 Ethyl glucuronide (33)  
 GHB + benzodiazepines  
 Opioids + ketamine (35)  
 (Buprenorphine, tilidine, tramadol, ketamine, fentanyl, oxycodone)  
 Tricyclic antidepressants  
 Cannabis differentiation  
 CDT  
 GGT, AST, ALT

### EDTA-blood

- HbA1c  
 MCV (blood count)

### NaF-plasma

- Glucose



## Forensic/MPA (Driver Fitness Assessment) Urine

- Drug screening (10)  
 Drug screening incl. opioids (11)  
 Drug screening incl. medicinal drugs (12)  
 Ethyl glucuronide (EtG) (13)

## Forensic/MPA (Driver Fitness Assessment) Hair

- Drug screening (24)  
 Drug screening incl. opioids (25)  
 Ethyl glucuronide (EtG) (21)



Forensic Accreditation  
DIN EN ISO/IEC 17025:2005

Please turn over and fill in patient information →

\*Non-accredited methods

Toxicology | Drug & Alcohol screening

**General information about this form:**

Please fill in this form completely to ensure correct analysis of the sample. Please do not use a copy of this form – only the original. If you have any other questions, do not hesitate to contact us.

**Information about hair analysis (Instructions and hair sample envelopes are available on request)**

Location of hair: \_\_\_\_\_

Hair colour: \_\_\_\_\_

Total hair length: \_\_\_\_\_ cm

Remaining length on the head: \_\_\_\_\_ mm

Drug analysis in hair \_\_\_\_\_ cm proximal

EtG in hair; standard analysis (3 cm)

EtG in hair; different hair length: \_\_\_\_\_ cm (from scalp)

**Cosmetic hair treatment**

untreated

dyed

use of hair gel or hairspray

other: \_\_\_\_\_

use of untreated strands of hair

bleached

**General information if known**

Substances consumed: \_\_\_\_\_

Period of consumption: \_\_\_\_\_ Frequency of consumption: \_\_\_\_\_

Abstinent since: \_\_\_\_\_

Please make sure that **two strands** of hair were collected (retention sample).

**Only required for specific purposes like MPA**

Identity verified:

no

yes

ID / passport number: \_\_\_\_\_

Sample collection under supervision:

no

yes

Urine temperature after sample collection: \_\_\_\_\_

Name and signature of the sample collector:

Name: \_\_\_\_\_

**Collector's** signature: \_\_\_\_\_

**Declaration of consent for tests and costs:**

- I hereby give consent to the collection and analysis of the sample and the disclosure of my personal data to the laboratory.
- I confirm that the information on this form is correct and that the specimen was sealed in my presence.
- I was informed about the costs for the analyses. They will be paid by myself or invoiced to sender.
- On the laboratory report, the method used is indicated in a shortened form. On request, we provide detailed information on the method used.

**Patient's** signature: \_\_\_\_\_

**Individual profiles:**

We can customise profiles on request by individualising scopes of analyses. Substances not printed on this form can also be added. We will provide you with a detailed list of your profiles. Please send any change requests via fax to 0049 (0) 5222-807639140.

**Explanation of abbreviations and profiles:**

We are happy to provide a detailed description of profiles and scopes of analyses to the Request Form 4.