	Request Form 4	laborkrone
Surname, Name D.	□ Male □ Female □ non-binary □ intersex □ Special fax	Siemensstraße 40 Tel. +49 (0) 5222 8076-0 32105 Bad Salzuflen www.laborkrone.de
	□ Express Service (additional co	_
	☐ Additional request to order nur	
 MPA (Driver Fitness Assessment) □ Private □ Invoice to client □ Invoice to patient □ Copy of results to patient □ Child custody □ Workplace drug testing □ Other MPA Other	g results required Date of sample collection (DD/MM/YY) Time of	Ref. No.
Urine temperature after sample collection	MPA¹ Methamphetamines THC/Cannabinoids Cocaine Opiates	More Information Date/Signature/Customer's stamp:
Methamphetamines & Methamphetamines & Methamphetamines MPA¹.c	□ Benzodiazepines □ Methadone □ Medicinal drug screening □ Enantioselective Amphetamines □ Ethyl glucuronide (EtG) MPA¹ □ Ketamine □ LSD □ Opioids □ Synthetic cannabinoids³ □ Synthetic cathinones³ □ THC-Caboxylic Acid (THC-COOH)	Other debitor: Copy of results to: Further requests:
	Blood C Amphetamines & Methamphetamines & Cannabinoids Cocaine Opiates Benzodiazepines Methadone Medicinal drug screening	Individualised Profiles □ Profile 1 □ Profile 8 □ Profile 15 □ Profile 2 □ Profile 9 □ Profile 16 □ Profile 3 □ Profile 10 □ Profile 17 □ Profile 4 □ Profile 11 □ Profile 18 □ Profile 5 □ Profile 12 □ Profile 19 □ Profile 6 □ Profile 13 □ Profile 20 □ Profile 7 □ Profile 14
1 standard analytics for MPA 2 non-accredited analysis 3 third-party shipping Aimmunochemical analysis B chromatografic analysis C immunochemical analysis with differentiation	 □ Blood alcohol □ CDT □ Cannabinoid differentiation □ Enantioselective Amphetamines □ Ethyl glucuronide (EtG) □ GOT, GPT, GGT □ Tricyclic antidepressants (TCA) 	

Necessary information for hair samples					
hair colour:	standard or or different:	Irugs/medications: (6 cm proximal) cm proximal EtG (ethyl glucuronide):	cosmetic treatment untreated untreated strands hairspray hair gel other:		
other position:	standard (3 cm proximal) or different:				
	Additional information (e.g.: intake of alcohol, drugs and medication)				
Explanations for Request Form 4					
Please complete the provided form in full (front and back) and lab sample, and any additional documents with a barcode from the Please do not use copies. Additional forms can be ordered (te 8076-429; email: versand@laborkrone.de).	e same series.	You can order frequently requests. These may also include requests Explanations regarding the exact from the Toxicology Field toxikolgie@laborkrone.de).	that are not listed on the pro scope of the listed analyse	vided request form. es can be obtained	
Data mustaction information					
The entity responsible for data processing is MVZ Labor Krone eGbR, Siemensstraße 40, 32105 Bad Salzuflen. You can contact our data protection officer at the following email address: datenschutz@laborkrone.de. The legal basis for processing your data includes the fulfillment of contracts, the protection of legitimate interests, your consent, and compliance with legal obligations. Data processing is carried out to perform the requested laboratory analyses. The data processed includes personal information such as name, date of birth, gender, address, health insurance details, billing type, bank details (if applicable), medical history data, (suspected) diagnosis, and the parameters to be examined that have been transmitted to us. We receive your data via the laboratory request form sent by your doctor, clinic, or laboratory with the relevant details. Legal retention periods apply to the storage of your data (at least 10 years). If you wish to exercise your right to access, deletion, correction, objection, or restriction of processing, please contact us via email (datenschutz@laborkrone.de). Consent can be revoked at any time with future effect. You also have the right to file a complaint with a supervisory authority. For full details on data processing, your rights, and obligations, please refer to the detailed privacy policy on our website: https://www.laborkrone.de/datenschutzerklaerung/					
		https://www.laborkrone.de/datenso	:hutzerklaerung/		
Prerequisite for processing the sample		https://www.laborkrone.de/datenso	chutzerklaerung/		
Prerequisite for processing the sample Sample collection under supervision: yes no identity verified Name and signature of the sample collector: Name:		Consent and assumption of cos I agree to the collection of my laboratory for analysis. The voluntary information I I medication use is correct. I have verified that the barcode note in the formation of cosmetically. The analysis costs will be covered institution, as specified on the fron Laboratory results are provided can request a detailed breakdown and standard operating procedunumber. For another recipient to receive	ts for laboratory analysis sample and the transfer have provided regarding a umbers on the sample and to no provided regarding the co treated hair is carried out at ered directly by me or billed t of this request form. in a summarized format for of the testing procedure (in res used) at any time by	alcohol, drug, and this form match. It is smetic treatment of my explicit request. It to the submitting or better clarity. You cluding the timeline providing the order	

Labor Krone eGbR from its confidentiality obligation towards the recipient

• These recipients are listed on the front side under "Report Copy." By signing, you explicitly agree to the release of confidentiality towards the specified

 \cdot The confidentiality waiver granted here can be revoked at any time without

providing reasons, with effect for the future. However, revocation does not affect the lawfulness of data processing carried out before the revocation. You can submit the revocation in writing (MVZ Labor Krone eGbR, Siemensstraße 40, 32105 Bad Salzuflen), via email (datenschutz@laborkrone.de), or by fax (+49

(doctor/person/institution).

recipients.

5222 8076-163).



Patient's signature: