THE DRUG TREATMENT CENTRE BOARD

# Drug Analysis Laboratory

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| | |
|---|---|
| Sender: | Date Spec. Taken |
| Address: | Time Spec. Taken |
| Patient Surname: | Specimen Type |
| First Name: | |
| Clinical Details | Hazard (AFFIX RED STICKER) |
| Sex: M / F / Pregnant: Y / N / Date Of Birth dd/mm/yy | |
| Consultant / GP Code: | Drug/Antibiotic Therapy |
| Ward / Clinic | |
| Test(s) Requested (Tick as required) / Reason For Test | For Office Use Only |
| Full Screen ☐ / Methadone Protocol ☐ | Code: |
| Other ☐ / Probation / Court ☐ | |
| Please Specify / Other (Specify) ☐ | Requesting Signature (legible) |
| Date Received / Date Reported | |