



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

LÁRIONAD NÁISIÚNTA CÓIREÁLA DRUGAÍ  
NATIONAL DRUG TREATMENT CENTRE

McCarthy Centre, 30-31 Pearse Street, Dublin 2  
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Email: [lab@dtcb.ie](mailto:lab@dtcb.ie) **LF13 ( Version 1.4 )**

<b>Patient Name</b>		<b>Current Medication: ( please list )</b>
<b>Date of Birth</b>		
<b>Date of Sample</b>		
<b>Sex: ( please tick )</b> Male <input type="radio"/> Female <input type="radio"/>		
<b>Consultant / GP Name:</b>		<b>Clinical Details:</b>
<b>Clinic / GP Address:</b>		
<b>Requesting Signature:</b>		<b>Reason for Testing:</b>
<b>Specimen Type: ( please tick )</b> Urine <input type="radio"/> Oral Fluid <input type="radio"/>		<b>Tests Required: ( please tick )</b> Routine <input type="radio"/> Full Screen <input type="radio"/>
<b>Time specimen taken: ( if applicable )</b>		<b>Other: ( please specify )</b>
		<b>Lab Use Only</b> <span style="float: right;"><b>Further Analysis:</b></span>
		<b>Barcode:</b>