

Chefarzt Prof. Dr. med. R. Hausmann
Leiter Fachbereich Dr. rer. nat. J. Beyer

Client / Institution

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Personal Details m f

Name:

First Name:

Date of Birth:

Testing Request: Drugs of abuse, Drugs, or Alcohol Testing

Samples: Urine Date, Time:

Blood / Serum Date, Time:

Diagnosis (clinical):

Treatment / Drugs:

Immunochemistry: Creatinine

Tests:

<input type="checkbox"/> Cannabis/Cannabinoides *	<input type="checkbox"/> Opiates *	<input type="checkbox"/> Benzodiazepines *
<input type="checkbox"/> Cocain (-metabolit) *	<input type="checkbox"/> Methadon/EDDP *	<input type="checkbox"/> Zolpidem *
<input type="checkbox"/> Amphetamine incl. Ecstasy *	<input type="checkbox"/> Buprenorphine (urine only) *	<input type="checkbox"/> Barbiturates
<input type="checkbox"/> LSD (urine only) *	<input type="checkbox"/> Tramadol *	<input type="checkbox"/> Tricyclic Antidepressants
<input type="checkbox"/> Methylphenidate	<input type="checkbox"/> Oxycodone	<input type="checkbox"/> Pregabalin
	<input type="checkbox"/> 6-MAM (heroin, urine only)	<input type="checkbox"/> GHB (= date-rape drug)
	<input type="checkbox"/> Ketamine	
	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Ethyl glucuronid (Alcohol marker) *

Multi parameters: Clinical Testing, 11 Tests (*)

Additional Test (chromatographic Procedures):

Synthetic Cannabinoides (NPS = Novel Psychoactive Substances) Alcohol in Blood/Serum (quant.)

Identification of Unknown Substances (Screening for drugs / drugs of abuse)

Confirmation Test (qual./quant.):

Comments:

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E-Mail for report:

Billing to: Client / Institution or alternative address:

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Date: **Signature:**

(For privacy protection no dispatch to third parties)