

LABORATORY REQUEST FORM

PLEASE COMPLETE IN CAPITALS USING A BLACK PEN
Customer Services: Tel. +44 (0)1235 861 483 | Email: labservices@abbott.com

1. CUSTOMER/SITE/ORGANISATION INFORMATION (Please enter all of your site information below)

Customer Code: (Enter your specific customer code – FAILURE TO SUPPLY CUSTOMER ID MAY DELAY SAMPLE PROCESSING)

NHS155-DF-VRM

Customer/Site/Organisation Name:

NHSL FORENSIC

Postcode:

ML3 0PL

Tel Number:

01698456248

Email Address:

2. DONOR INFORMATION

Donor ID/Donor Name:

ANDREW SIM

Date of Birth: (DD/MM/YYYY)

03/07/1960

Gender:

M ☒ F ☐

3. COLLECTOR INFORMATION

Collector Name:

MARK MCELHINNEY

Collection Date: (DD/MM/YYYY)

09/10/2024

Collection Time: (24hrs)

10:00

4. DECLARED MEDICATION/SUBSTANCES

Drug Name:

PLEASE REFER TO PATIENT

RECORDS:

Prescribed?
(Tick if YES)

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Date of Last Use: (DD/MM/YYYY)

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Time of Last Use: (24hrs)

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Dosage:

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5. LABORATORY TESTS

Use place 'X' where test is required. Where a confirmation is required, please make sure you sign 'COLLECTOR DECLARATION' box in Section 6.

	Screen	Confirm		Screen	Confirm		Screen	Confirm	
6-MAM	☐	☐	Cocaine	☐	☐	Methadone	☐	☐	Verum™ ☒
Amphetamines	☐	☐	Crack Cocaine (AEME)	☐	☐	Methamphetamine/ Ecstasy (MDMA)	☐	☐	
Benzodiazepines	☐	☐	Ketamine	☐	☐	Opiates	☐	☐	
Buprenorphine	☐	☐	L+D Ratio (Dex. Amphetamine)	N/A	☐	QL-105	☐	N/A	
Cannabinoids	☐	☐	Mephedrone	☐	☐		☐	☐	

*QL-105 screens for: Amphetamine, Benzodiazepines, Buprenorphine, Cocaine, Methadone, Opiates

6. COLLECTOR DECLARATION

I confirm that I have read and understood the Collector Declaration printed on the reverse of this form. I authorise the confirmation test(s) indicated.

Collector Signature:

Mark M. Elhinney

Date: (DD/MM/YYYY)

09/10/2024

7. DONOR DECLARATION

I have read and agreed to the relevant sections of the Donor Declaration Statement on the reverse of this form.

Donor Signature:

ASL

Date: (DD/MM/YYYY)

09/10/2024