

Chefarzt Prof. Dr. med. R. Hausmann
Fachbereichsleiter 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: Cannabis/Cannabinoides * Opiates * Benzodiazepines *

Cocain (-metabolit) * Methadon/EDDP * Zolpidem *

Amphetamine incl. Ecstasy * Buprenorphine (urine only) * Barbiturates

LSD (urine only) * Tramadol * Tricyclic Antidepressants

Methylphenidate Oxycodone Pregabalin

6-MAM (heroin, urine only) GHB (= date-rape drug)

Ketamine Ethyl glucuronid (Alcohol marker) *

Fentanyl

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:**