

Hospital Number		<h2 style="text-align: center;">Pathology Request for Urine Drug Screen</h2> <p style="text-align: center;">This form must only be used for Urine Samples</p> <p style="text-align: center;">RF-CB-TOX-UDS v1.0</p>		<p style="text-align: right; font-size: small;">Clinical Diagnostic Pathology Services King's College Hospital NHS NHS Foundation Trust</p>									
Surname													
Forename		Reason for request <input type="checkbox"/> Admission <input type="checkbox"/> Pass <input type="checkbox"/> Routine Monitoring <input type="checkbox"/> Suspicion		For Lab Use Only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">BG</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">GC</td> <td></td> </tr> <tr> <td style="text-align: center;">GCA</td> <td></td> </tr> <tr> <td style="text-align: center;">Others</td> <td></td> </tr> </table>		BG		GC		GCA		Others	
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D.O.B. / / Sex M / F		Please indicate Investigations required											
Ward	Consultant	Routine Screen: Inclusive for cannabis, opiates, methadone, cocaine, benzodiazepines, barbiturates and amphetamines.											
Date and Time of Collection / / : Hrs		<input type="checkbox"/> Routine Drug Screen <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Alcohol <input type="checkbox"/> Other - Please Specify											
Collected by Phone/bleep		<p>NB All requests & samples MUST be uniquely identified by Full Name and Hosp No. / Date of Birth as minimum requirements or samples will NOT be analysed. [Alcohol requests need accompanying fluoride sample]</p> <p>Send samples sealed in individual specimen bags with the form in the outer pocket to: Toxicology Unit, Kings College Hospital, SE5 9RS. 020 3299 5881</p>											
All recent medication / drug use													

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