

Laboratory Request Form

Substance Abuse Screening Test

Requesting Facility/Organization: _____

Address: _____

Phone Number: _____

Email (if any): _____

Patient/Client Information

Full Name: _____

Date of Birth: _____

Sex: Male ☐ Female ☐ Other ☐

ID Number / Student ID: _____

Phone Number: _____

Address: _____

Test Request Details

Date of Request: _____

Requested By (Name & Title): _____

Relationship to Client:

- ☐ Parent/Guardian
- ☐ School Official
- ☐ Healthcare Provider
- ☐ Self
- ☐ Other: _____

Reason for Test / Clinical Information

- ☐ Routine School Screening
- ☐ Clinical Assessment
- ☐ Behavioral Concerns
- ☐ Follow-Up Test

- ☐ Suspected Substance Use
- ☐ Other: _____

Type of Test Requested

- ☐ Urine Drug Test
- ☐ Saliva Drug Test
- ☐ Breath Alcohol Test
- ☐ Blood Test (if applicable)
- ☐ Other: _____

Substances to Screen For (if specific):

- ☐ Cannabis (THC)
- ☐ Cocaine
- ☐ Opioids
- ☐ Amphetamines
- ☐ Benzodiazepines
- ☐ Tramadol
- ☐ Other: _____

Barcode/ID Label (For Lab Use):

Paste Barcode or ID Label Here

For Laboratory Use Only

Sample Received: ☐ Yes ☐ No

Date & Time Collected: _____

Collected By: _____

Lab Technician Name: _____

Signature: _____

Date: _____