



**Analysis Request Form
Drug of Abuse Testing**

Universiti Sains Malaysia, 11800 Minden, Penang, Malaysia...
Tel: (604) 659 5605 Fax: (604) 656 9869

Organisation:
Address:
.....
Tel No: Fax No: E-mail:.....

Request for Analysis

Profile 1 (Profile 1 includes screening and confirmation of 9 drugs; opiates, cannabis, amphetamines, barbiturates, benzodiazepines, methadone, phencyclidine, cocaine and propoxyphene in urine)

Profile 2 (Profile 2 includes screening and confirmation of any 6 drugs in urine)
Please specify.....

Profile 3 (Profile 3 includes screening and confirmation of any 5 drugs in urine)
Please specify.....

Profile 4 (Profile 4 includes screening and confirmation of any 4 drugs in urine)
Please specify.....

Alcohol Confirmation in blood

Others *Please indicate whether the request is for screening (S) or confirmation(C)*

No of Samples Expected: Date of Arrival:

The turnaround time is 10 working days.

Results to be sent to:

Invoice to be sent to:

Name:

Name:

Address:

Address:

.....

.....

.....

.....

Tel: Fax:

Tel: Fax:

E-mail:.....

E-mail:.....

Name: Signature:

Designation:..... Date:

FOR OFFICE USE ONLY

Received by:Ref No:Date:

How: Fax Phone E-mail Letter Hand delivered

Confirmation Date: DCC No: