Axis Health & Diagnostics Services

Axis Health & Diagnostic Services Ltd
Pakyi Number 2, Kumasi, Ashanti Region
024 874 8840 · info@axishealthgh.com

Consent for urine drug screening

Please read this form before giving your sample. You may ask us any question first.

Your details

Full name _____ Date of birth or age _____

Phone _____ ID type and number, if required _____

Reason for test: ☐ My own request ☐ Doctor ☐ Employer ☐ School ☐ Other

Requested by, if not yourself _____

About this test

This is a qualitative urine screen using a test cup. It shows whether each substance below appears to be present above the cut-off level. It does not measure how much was taken, when it was taken, or whether a person was impaired. Your report is ready within 72 hours.

Substance	Cut-off (ng/mL)	Substance	Cut-off (ng/mL)
Amphetamine (AMP)	1000	Opiates (OPI)	2000
Barbiturates (BAR)	300	Phencyclidine (PCP)	25
Benzodiazepines (BZO)	300	Tramadol (TML)	100
Cocaine (COC)	300	Fentanyl (FYL)	200
Ecstasy (MDMA)	500	Oxycodone (OXY)	100
Marijuana (THC)	50	Morphine (MOR)	300

A positive result is a screening result, not final proof. Some medicines and other substances can affect the result. A positive may be confirmed by a more specific laboratory method through our laboratory network. A negative result does not prove a substance was never used.

Medicines and supplements

List everything taken in the past 14 days, including prescriptions, cough mixtures, painkillers and herbal products.

_____

_____

My consent

Please tick each statement you agree with.

☐ I have read this form, or it has been explained to me, and I have had the chance to ask questions.

☐ I understand that this test is voluntary and that I may refuse. If I refuse, Axis will record that the test was not done.

☐ I agree to give a urine sample and confirm that the sample I give is my own and has not been altered.

☐ I understand that a sample may be rejected or repeated if it appears diluted, altered or unsuitable.

Who may receive my result

Axis will give your result to you. We will release it to anyone else only if you tick and complete an option here.

☐ My doctor:

Name _____ Contact _____

☐ My employer, school or another organisation:

Organisation _____ Named contact _____

If my screen is positive

☐ I would like Axis to arrange confirmatory testing. I understand this is an additional test and takes longer.

☐ I do not want confirmatory testing at this time.

Signature

Name _____ Signature _____

Date _____ Time _____ Phone _____

If the person being tested is under 18

A parent or legal guardian should read this form with them and sign here.

Parent or guardian's name _____ Relationship _____

Signature _____ Date _____

For Axis staff

Sample ID _____ Collected by _____

Date and time _____ Cup temperature or validity checks _____