Requesting (Medical Clinic	or Business):
Dr	



5990 Côte-des-Neiges, Mtl, (Qc) H3S 1Z5
Tel: 514 344-8022 Fax: 514 344-8024
E-Mail: service@cdllabs.com
Monday to Friday from 8am to 8pm Sunday from 9am to 3pm

DATE AND TIME (	OF COLLECTION		I.D.#	
DITTE TIME		(YYYY/MM/DD	ال.ل.;; (ال	(space reserved for CDL)
LAST NAME		•	RST NAME	
TELEPHONE		SEX 🗆 M 🗅 F	DONOR IDENTIFICATION	ON
DATE OF BIRTH			DONOR ADRESS	
BATTE OF BITTET	(Y	YYY/MM/DD)	BONON/NBNEGO	
Reason for scr	eening Test	ts		
□ PRÉ-EMPLOYM □ DURING EMPLO □ POST ACCIDEN □ OTHER:	ENT	drugs profile (with cannabis drugs profile (with ethanol) drugs profile [Cocaine, Opiates drugs profile [Amphetamines, Canphetamines (AMPH) drbiturates (UBAR) drazodiazepine (BENZ) dranabis (CN50) dranol (UETH)	E) [Cocaine, Opiates, Amphetamine [Cocaine, Opiates, Amphetamines, E) Cannabis, Amphetamines, Pheno Cannabis, Cocaine, Opiates] (DAU- Serur Methology Opiat Phen	450) m Ethanol (SETH) adone (UMDN) es (OPIT) cyclidine (PCP) oxyphene (UPXP)
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